

Monthly Data Sheet for _____

Month/Year _____

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
TIME (log time for each BM)																																
Stool:																																
Normal																																
Hard																																
Loose																																
Amount:																																
Large																																
Small (pellets)																																
Staff initials																																
Notes:																																

INSTRUCTIONS: Write NS in the box if the individual did not have a bowel movement that day. If a person has more than one bowel movement on the same day, place a check mark (✓) in the box and record the time in the appropriate column. Three different spaces are available to record the time and to check if a BM occurred more than once in the same day. **Call the Nurse if a person has 3 or more bowel movements in one day.**