



Colon Monitoring Chart 1 of 2 – Page 1

By Dr. Donna F. Smith

CLIENT: _____ Dates: From _____ to _____

FIRST BOWEL MOVEMENT or DIARRHEA / LOOSE STOOL EPISODE

# 1	Days of Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Date (MDY) →							
	Time →							
1	Type (1 to 7)							
2	Color							
3	Length							
4	Diameter							
5	Sink or Float							
6	Smell							
7	#Meals Snacks							
8	#Daily BM or D							

SECOND BOWEL MOVEMENT or DIARRHEA / LOOSE STOOL EPISODE

# 2	Days of Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Date (MDY) →							
	Time →							
1	Type (1 to 7)							
2	Color							
3	Length							
4	Diameter							
5	Sink or Float							
6	Smell							
7	#Meals Snacks							
8	#Daily BM or D							

THIRD BOWEL MOVEMENT or DIARRHEA / LOOSE STOOL EPISODE

# 3	Days of Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Date (MDY) →							
	Time →							
1	Type (1 to 7)							
2	Color							
3	Length							
4	Diameter							
5	Sink or Float							
6	Smell							
7	#Meals Snacks							
8	#Daily BM or D							

Please use the **Colon Health - Bowel Criteria** document to complete the two **Colon Monitoring Charts 1 and 2**. From your entries on **Chart 2**, record on **Chart 1**, the **total number of Meals plus Snacks** on **Row #7** and on **Row #8**, record the **total number of Bowel Movements (BMs) and/or episodes of Diarrhea (D)**, i.e., Criteria Type 6 or 7 for loose, running stools. Additional sheets of Chart 1 and 2 may be required.