



# Colon Monitoring Chart 1 of 2 – Page \_\_\_\_

By Dr. Donna F. Smith

CLIENT: \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

## BOWEL MOVEMENT or DIARRHEA / LOOSE STOOL EPISODE

#	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							

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Use this sheet when you have more than three BMs or episodes of Diarrhea. Indicate its Page number in the blank provided in the title and in the # Box, indicate whether the entry is about BM or Diarrhea #4, #5, #6 and so on.

**Instructions for Rows 1 to 8 are provided the Colon Monitoring Chart 1 - Page 1.**