



Monitor Your Colon Health

Bowel Movement & Description Charting

By Dr. Donna F. Smith

CLIENT: _____ Dates: From _____ to _____

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

Comments

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Comments

Use the Colon Chart to help you answer #1 to #5.