

## **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							
<u>5</u>	Sink or Float							
7	# of Daily BMs # of Daily Meals							
8	# of Daily Snacks							
	omments							
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Comments								
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