Week: (write the date) _____

DESCRIPTION	1.8.22 MONDAY	2.8.22 TUESDAY	3.8.22 WEDNESDAY	4.8.22 THURSDAY	5.8.22 FRIDAY	30.7.22 SATURDAY	31.7.22 SUNDAY
How many times did you poo today?	0	1 pm	1 am	0	1 am	0	1 pm
What type of poo did you do?		3	2		4		3/2
Did you need to rush to the toilet? (yes/no)		Yes	yes		Yes		yes
Did you need push hard to pool? If yes, how long did you sit on the toilet?		softly 20 mins	yes 15 mins		No 20min		yes, 20mins
Did you see any food bits in your poo? If yes, what did you see?		No	no		no		no
Did you see any blood? (If always no, skip this question)		No	no		no		no
Did your poo have a funny smell? (yes/no)		No	a little		Yes		yes
What colour was your poo? (If always brown, skip this question)		Brown	brown		brown		dark brown