Infection. Prevention. Control.
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NHS

# Stool chart for *Clostrioides difficile* positive service user

Service user name: …… Date of birth: .....

Date isolated: ..... Time isolated: .....

| DATE | TIME | CONSISTENCY<br>Bristol Stool Form Scale Type 1-7 (refer to Bristol Stool Form Scale) | COLOUR | BLOOD/PUS /MUCUS<br>State fresh/ bright red altered/ melaena (black tarry) | AMOUNT/ VOLUME<br>A - Small<br>B - Moderate<br>C - Large<br>(measure if appropriate) | ABDOMINAL SYMPTOMS<br>i.e. bloating, cramps, pain | DATE SAMPLE SENT | SIGNATURE AND PRINT NAME |
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