



Center for
Autism and
Developmental
Disabilities
Research and
Epidemiology

CADDRE

Form Approved
OMB NO. 0920-0741
Exp. Date 6/30/2010

Study to Explore Early Development

Seven Day Stool Diary

Public Reporting Burden Statement

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0741)

Date of Completion: _____

Bristol Stool Form Scale

- Type 1 Separate hard lumps, like nuts
- Type 2 Sausage-shaped but lumpy
- Type 3 Like a sausage or snake but with cracks on its surface
- Type 4 Like a sausage or snake, smooth and soft
- Type 5 Soft blobs with clear-cut edges
- Type 6 Fluffy pieces with ragged edges, a mushy stool
- Type 7 Watery, no solid pieces

Modified Bristol Stool Form Scale (for children who are in diapers)

- Type 1 Separate hard lumps, like nuts or rabbit pellets
- Type 2 Sausage-shaped but lumpy
- Type 3 Like a sausage or snake but with cracks on its surface, form may be changed slightly by sitting on stool
- Type 4 Like a sausage or snake, smooth and soft, may be deformed by sitting on stool
- Type 5 Soft blobs with clear cut edges, never a sausage
- Type 6 Runny, no form
- Type 7 Watery, no solid pieces, soaks into diaper

Instructions for stool diary:

- Please choose a typical week to record your child's stools. For example, don't choose a week when you are on vacation.
- Please record every stool that your child has and rate the consistency based on the scale provided.
- Please note if the stool was in the toilet or in a diaper or underwear.
- Whenever possible, please have another caregiver rate the consistency as well, but please do not compare your answers.
- Please record any vomiting and what it was associated with. For example, was your child crying so hard that he or she vomited? Did your child choke and then vomit?

- If your child gets a fever or the stomach flu, stop keeping the diary and call for further instructions.

If you have any questions, please call <Principal Investigator>.

Day 1 Date _____
Study ID # _____

Stool number	Time of day	Type (please use stool from scale provided)	Relationship of rater to the child (ex. mother, teacher)	Comments (toilet vs. diaper, etc.)	Type (as rated by second observer if available)	Relationship of rater to the child (ex. teacher, if more than one teacher please give name)

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Day 2 Date _____

Stool number	Time of day	Type (please use stool form scale provided)	Relationship of rater to the child (ex. mother, teacher)	Comments (toilet vs. diaper, etc.)	Type (as rated by second observer if available)	Relationship of rater to the child (ex. teacher, if more than one teacher please give name)

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Day 3 Date _____

Stool number	Time of day	Type (please use stool form scale provided)	Relationship of rater to the child (ex. mother, teacher)	Comments (toilet vs. diaper, etc.)	Type (as rated by second observer if available)	Relationship of rater to the child (ex. teacher, if more than one teacher please give name)

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Day 4 Date _____

Stool number	Time of day	Type (please use stool form scale provided)	Relationship of rater to the child (ex. mother, teacher)	Comments (toilet vs. diaper, etc.)	Type (as rated by second observer if available)	Relationship of rater to the child (ex. teacher, if more than one teacher please give name)

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Day 5 Date _____

Stool number	Time of day	Type (please use stool form scale provided)	Relationship of rater to the child (ex. mother, teacher)	Comments (toilet vs. diaper, etc.)	Type (as rated by second observer if available)	Relationship of rater to the child (ex. teacher, if more than one teacher please give name)

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Day 6 Date _____

Stool number	Time of day	Type (please use stool form scale provided)	Relationship of rater to the child (ex. mother, teacher)	Comments (toilet vs. diaper, etc.)	Type (as rated by second observer if available)	Relationship of rater to the child (ex. teacher, if more than one teacher please give name)

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Day 7 Date _____

Stool number	Time of day	Type (please use stool form scale provided)	Relationship of rater to the child (ex. mother, teacher)	Comments (toilet vs. diaper, etc.)	Type (as rated by second observer if available)	Relationship of rater to the child (ex.teacher, if more than one teacher please give name)

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Thank you so much for participating in this study. Please fill out the last few questions and mail the diet record and the stool diaries back to us in the pre-addressed stamped envelope that was given to you. If you have any questions, please call <Principal Investigator>.

1. Was this a typical week for your child? __Yes, __No. If not, what was different or stressful for your child? _____

2. Do you feel that you recorded a typical week for diet? __Yes, __No. If not, what was different? _____

3. Do you feel that you recorded a typical week for stools? __Yes, __No. If not, what was different? _____

4. Do you have any comments about this study or suggestions for better ways to collect the diet or stool records for future projects? _____

