

Transit-Pelletsmethod™: measurement of colonic transit time



Name: _____

Date of Birth: _____

Measurement period (date): _____

Date of x-ray / radiology appointment: _____ Time: _____

- Record every occasion and time of the day you swallow the capsule.
- Record the number of bowel movements over a day and stool consistency using the Bristol Stool Chart.
- Record any drugs taken and other things that can affect bowel function.
- Note that bowel irritant laxatives and anti-diarrhoea agents should be avoided during the measurement period.



Day	Marker swallowed at:	Bowel movement at:	Type of bowel movement (Bristol Stool Chart)	Abdominal pain (none, light, moderate, severe)	Comment (e.g. special diets like plums, flax seeds)
1					
2					
3					
4					
5					
*6					
7	(no capsule)				

Bristol Stool Chart

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

Bristol Stool Chart: Lewis & Heaton (1997)