

7 Day Diet Diary and Observation Report (Observation report is separate)



Name:		Date:				
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

AM

PM

Name:

Date:



Indicate moods, energy, physical symptoms, exercise, supplements, sleep and bowel times/types (see Bristol Stool Chart) **IMPORTANT-** for blood sugar please also note if you have no fatigue or change in energy after meals, have energy after meals, or fatigue after meals (which one of these is most dominant for you?)

OBSERVATION REPORT- WEEKLY DIARY

Monday-
Tuesday
Wednesday
Thursday
Friday-
Saturday-
Sunday-

Indicate approximately how much was eaten, include condiments, snacks, drinks, water, even the bad stuff.

For quick and easy estimates of quantities, if you do not weigh, visualize portion as being about the size of common objects: 1 cup fruit or vegetable= baseball; 1/4 cut dried fruit or nut= a golf ball; 3 ounces of meat= a deck of cards; 2 tablespoons peanut butter= a ping-pong ball; 1 ounce cheese= 4 stacked dice; 1/2 cup ice cream= a racketball; 4 small cookies= 4 poker chips (note that weighing food is best!)

4 Day Diet Diary and Observation Report (New Clients- PLEASE complete 7 full days)



Name: Sample Diet Diary (Feel Free to Use Your Own Format) Date: 9/18/17 thru 9/22/17

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<p>8 am- 4.5 oz butternut squash (baked with coconut oil), 4 oz salmon, 3 baby carrots, and 6 each mini-peppers, 1 tsp olive oil; 10:30- 2 scoops pea protein (50g protein) and 2 oz green pepper and 3 baby carrots; <i>Water 32 oz</i></p>	<p>8:30:00 AM- 5 oz baked chicken breast, 2/3 cup snap pea, 2 mini-sweet peppers, 1 tbsp olive oil, 5 oz taro. 10:30- 2 scoop paleo protein and 1/2 cup carrots + 1 tsp avocado oil; <i>Water 32 oz</i></p>	<p>10 am- late breakfast, woke late and did glucose testing. 5 oz ground turkey (90%), 5 oz Yucca, 4 oz broccoli florets. 12 oz water. Had 6 oz tea at 1:30 am.; <i>Water 64 oz</i></p>	<p>9am- 3 oz ground beef, 6 oz taro, 2/3 cup raw baby carrot, yellow squash, onion and cucumber. 12 pm - 3 oz ground beef, 6 oz taro, 2/3 cup raw baby carrot, yellow squash, onion and cucumbe; <i>Water 64 oz</i></p>			
<p>12:30 PM- 4.5 oz butternut squash (baked with coconut oil), 4 oz salmon, 3 baby carrots, and 6 each mini-peppers, 1 tsp olive oil; 3pm- 2 scoops pea protein (50g protein) and 1 medium nectarine, 1 tsp avocado oil; 6pm- 4.5 oz butternut squash (baked with coconut oil), 4 oz salmon, 3 baby carrots, and 6 each mini-peppers, 1 tsp olive oil and 5 squares dark chocolate and 1 cup goat kefir; <i>Water 32 oz</i></p>	<p>1:30 PM- 5 oz baked chicken breast, 2/3 cup snap pea, 2 mini-sweet peppers, 1 tbsp olive oil, 5 oz taro. 2pm- 1/2 Runa. 3:30- 2 scoop paleo protein and 1 pear + 2 tsp avocado oil; 6pm- 5 oz baked chicken breast, 2/3 cup snap pea, 2 mini-sweet peppers, 1 tbsp olive oil, 5 oz taro. 9pm- epic bar- beef habanero, 1 cup jackson sweet potato chips, 1 tbsp avocado mayo; <i>Water 48 oz</i></p>	<p>1 pm- glucose test, 5 oz ground turkey (90%), 5 oz Yucca, and 4 oz broccoli florets, 1/2 tsp mct oil and 1 tsp paleo honey mustard. 4pm- goat protein 3 scoop and 1 scoop whey protein, 1 orange. 5:30 pm- 5 oz ground turkey (90%), 5 oz Yucca, and 4 oz broccoli florets, 1/2 tsp mct oil and 1 tsp paleo honey mustard. 1 am- woke hungry and agitated, glucose was 87ish, had 3 oz chicken and sweet potato</p>	<p>3pm - 3 oz chicken breast, 4 oz taro, 2/3 cup raw baby carrot, yellow squash, onion and cucumber. 6:30pm- 12 pm - 4 oz grilled salmon, 4 oz taro, grilled squash/onion, 6 pieces dark chocolate; <i>Water 24 oz</i></p>			

AM

PM

Name: Sample Observation Report (Feel Free to Use Your Own Format)

Date: 9/18/17 thru 9/22/17



Indicate moods, energy, physical symptoms, exercise, supplements, sleep and bowel times/types (see Bristol Stool Chart) IMPORTANT- for blood sugar please also note if you have no fatigue or change in energy after meals, have energy after meals, or fatigue after meals (which one of these is most dominant for you?)

SAMPLE OBSERVATION REPORT- WEEKLY DIARY

Monday- 7.5 hours of sleep, woke feeling sluggish from Bronco game day before, likely from drinking diet coke, and perhaps from Red Bird chicken eaten with skin at dinner night before (high fat eaten without digestive enzymes?). 8 am felt decent after eating with improvement in mood and energy- morning anxiety not as bad as normal. Took the following supplements after breakfast: Thorne multi-vitamin, Pure Encsulations vitamin D, and Nordic fish oil (see intake forms for more specifics on supplements). 12 pm- decent energy before and after eating. Afternoon anxiety started about 1:45 with tiredness/brain fog. Bloating also noticeable after lunch (typical after meals). Workout 2:30 pm, snack 3pm. Terrible mood and anxiety 5 pm- due to workout and fruit eaten??? BM- Type 5 @ 7:45pm before breakfast, 9am, and 12pm.

Tuesday- 9 hours of sleep, woke feeling just okay, little tired- had restless sleep. 8:30am - Ate breakfast and felt a little better. Took the following supplements after breakfast: Thorne multi-vitamin, Pure Encsulations vitamin D, and Nordic fish oil (see intake forms for more specifics on supplements). 1:30pm ate lunch- felt tired and lethargic after eating about 2pm. 3:30pm- exercise by lifting weights and also walked laps around pond outside for 20 minutes. Had a late night with writing workshop, ate dinner during workshop at 5:30 pm and then had to snack later @ 9pm because hungry and feeling anxiety (low blood sugar?) BM- type 6 @ 9 am, 10:30 am, type 5 3:20 pm

Wednesday- woke 8:15 am, up until 11pm or so the night before. Late night with writing workshop. Feeling okay, even with not eating first meal until 10 am (not as drained as usual). Took the following supplements after breakfast: Thorne multi-vitamin, Pure Encsulations vitamin D, and Nordic fish oil (see intake forms for more specifics on supplements). Fuzzy head at 1:30pm and even before, been going downill all day (due to late breakfast, can't recover?). Workout for 30 minutes with bike ride 3:30 pm. Snack at 4pm- still fuzzy head and agitation/anxiety. Night before woke 1 pm hungry and agitated, ate snack and read until 3pm (hyoglycemia?)- slept until 8:15 am. BM-type 5 @ 9 am, type 6 @ 10am, 12:30 type 7 (I question if egg allergen, from avocado mayo, eaten the night before played a role in poor sleep/issues)

Thursday- 8 hours of sleep. Ate breakfast 8 am and felt improvement in mood and energy. Took the following supplements after breakfast: Thorne multi-vitamin, Pure Encsulations vitamin D, and Nordic fish oil (see intake forms for more specifics on supplements). 12 pm- decent energy before and after eating. Afternoon anxiety started about 1:45pm with tiredness/brain fog. Bloating also noticeable after lunch (typical after most meals). Workout 2:30 pm, snack 3pm. Terrible mood and anxiety 5 pm- due to workout and eating too late?) Ate dinner 6pm- felt better afterward. BM- Type 5 @ 7:45pm before breakfast 9am and 12pm

Friday-

Saturday-

Sunday-

Indicate approximately how much was eaten, include condiments, snacks, drinks, water, even the bad stuff.

For quick and easy estimates of quantities, if you do not weigh, visualize portion as being about the size of common objects: 1 cup fruit or vegetable= baseball; 1/4 cut dried fruit or nut= a golf ball; 3 ounces of meat= a deck of cards; 2 tablespoons peanut butter= a ping-pong ball; 1 ounce cheese= 4 stacked dice; 1/2 cup ice cream= a racketball; 4 small cookies= 4 poker chips (note that weighing food is best!)



Client Nutrition Assessment and Intake

Personal and Social History

First Name: Last Name:
Date of Birth: Weight: Height:
Gender: Ethnicity/Country of Origin:
Marital Status: Religious Affiliations (N/A if non-applicable)
Children? If yes, how many children and what are their ages?
Pregnant? If you, what is your due date?
Address (include City, State and Zip Code):

Primary Phone: Secondary Phone:
Primary Care Provider:
- Date and Reason of Last Visit:

Other Practitioners You Frequent:

Health Profile/Medical History:

Health Problems (please list chief concerns):

- Duration/ When did health problems begin?

Were any of these health problems preceded by a traumatic/ stressful life event?

What is your relationship like with your family members?

Have you ever been on antibiotics? As a kid? As an adult?
Were you a C-section baby?
Were you breast-fed?

If so, how often have you been on antibiotics throughout your life span?

What medications/drugs are you presently taking?

What medications have you previously taken?

Under what circumstances do your health concerns improve?

Under what circumstances do your health concerns worsen?

What other illnesses have you had in the past ten years?

What operations have you had?

What is your resting blood pressure?

What is your resting pulse rate?

Any excessive weight gain/loss (last 6 months)?

What are your typical cholesterol numbers? (provide a copy or take a picture of results) When were you last tested?

What multivitamins/minerals/supplements are you taking?

What is your emotional relationship with food?

Any cravings? What kind?

Heredity Profile:

What illnesses is/was your father prone to:

What illnesses is/was your mother prone to:

Are there any illnesses your children suffer from:

Are there any illnesses your siblings suffer from:

Lifestyle

Are you physically active? If yes, what activities, how frequently and in what duration?

Are there any activities that you wish you could participate in more?

How much time can you commit to exercising each week?

What is your occupation? How many hours do you typically work each week?

Are you satisfied with your current position? Would you consider it stressful?

Is your work environment conducive to health (*chemical exposure, poor working conditions*)?

Will you be able to integrate new diet/lifestyle habits while on the job? Explain:

Where do you see yourself professionally in 5, 10 years?

How many hours do you sleep each night?

Do you wake well rested?

Do you wake frequently throughout the night?

Do you have difficulty going to sleep?

Any other things you would like to communicate about your typical sleep?

Is your energy level consistent throughout the day? If no, explain:

How often do you drink alcohol and what is your drink of choice?

Do you use tobacco? What type and what is the frequency?

Do you use drugs? What is the type, amount and frequency?

Diet Analysis

Current Weight? Desired Weight? Highest Adult Weight?

Have there been any fluctuations in weight that concern you? Explain:

Are you aware of any foods that may cause digestive distress?

Do you have any food allergies/sensitivities?

Please describe the frequency (how many per day) and consistency of your bowel movements?

Are your stools soft, hard, or loose?

Do you ever experience the following (circle all that apply)?

Heartburn

Gas

Bloating

Stomach Pain

Nausea

Vomiting

Diarrhea

Constipation

Do you follow any special diet or have diet restrictions for any reason for any reason? Explain:

With what frequency do you eat at home?

Eat out?

Who prepares most of your meals?

Who does the food shopping?

Where?

Do you enjoy cooking?

Are you able to cook basic meals?

How much time do you spend cooking each day?

How many meals do you eat each day?

Where do you eat your meals?

Do you follow a special diet (*low-fat, gluten free, vegetarian, vegan, high protein etc*)?

What eating habits are most challenging?

What eating habits please you the most?

Beverage Intake (*Please indicate type, amount and frequency for the following beverage choices*)

	<u>Type</u>	<u>Amount</u>	<u>Frequency</u>
Water	_____	_____	_____
Coffee	_____	_____	_____
Decaf Coffee	_____	_____	_____
Energy Drinks	_____	_____	_____
Tea	_____	_____	_____
Juice	_____	_____	_____
Regular Soda	_____	_____	_____
Milk	_____	_____	_____

	<u>Type</u>	<u>Amount</u>	<u>Frequency</u>
Milk Alternative	_____	_____	_____
Other	_____		

Food Intake *(Please indicate the frequency with which you consume the following)*

	<u>Never</u>	<u>2-3/mo</u>	<u>1/wk</u>	<u>2-3/wk</u>	<u>1/day</u>	<u>2-3/day</u>
Fast Food	_____	_____	_____	_____	_____	_____
Restaurant Food	_____	_____	_____	_____	_____	_____
Vending Machine Food	_____	_____	_____	_____	_____	_____
Cafeteria Food	_____	_____	_____	_____	_____	_____
Frozen Meals	_____	_____	_____	_____	_____	_____
Home-Cooked Meals	_____	_____	_____	_____	_____	_____
Leftovers	_____	_____	_____	_____	_____	_____
Beef	_____	_____	_____	_____	_____	_____
Poultry	_____	_____	_____	_____	_____	_____
Lamb	_____	_____	_____	_____	_____	_____
Deli Meats	_____	_____	_____	_____	_____	_____
Fish	_____	_____	_____	_____	_____	_____
Tofu	_____	_____	_____	_____	_____	_____
Beans	_____	_____	_____	_____	_____	_____
Crackers	_____	_____	_____	_____	_____	_____
Cookies, Cakes, Muffins	_____	_____	_____	_____	_____	_____
Whole Grains	_____	_____	_____	_____	_____	_____
Fresh/Raw Vegetables	_____	_____	_____	_____	_____	_____
Cooked Vegetables	_____	_____	_____	_____	_____	_____
Canned Vegetables	_____	_____	_____	_____	_____	_____
Fruit(fresh/frozen/canned)	_____	_____	_____	_____	_____	_____
Margarine	_____	_____	_____	_____	_____	_____
Dairy	_____	_____	_____	_____	_____	_____
Fried Foods	_____	_____	_____	_____	_____	_____
Sugar Sweetened Foods	_____	_____	_____	_____	_____	_____
Artificial Sweeteners	_____	_____	_____	_____	_____	_____
Meal Replacements	_____	_____	_____	_____	_____	_____
Sweets/Candy	_____	_____	_____	_____	_____	_____
Chocolate	_____	_____	_____	_____	_____	_____
White Rice	_____	_____	_____	_____	_____	_____
White Flour	_____	_____	_____	_____	_____	_____
Breads	_____	_____	_____	_____	_____	_____
Potatoes	_____	_____	_____	_____	_____	_____

How many tsp of sugar do you add to food/drinks each day?

Do you eat organic fruits and vegetables? Frequency?

Do you eat organic meats? Frequency?

Do you eat non-GMO foods? Frequency?

How many times a week do you eat live/cultured food? (sauerkraut, kefir, kimchi etc)

Do you experience food cravings? If yes, what and how frequently?

Do you dislike any specific foods?

What is your eating style (*fast, erratic, emotional, late-night, binge, grazing, gorge, convenience, etc*)?

How would you describe your appetite?

Do you eat under stressful conditions or on the move?

Do you often feel hungry?

Blood sugar questions (which of the 3 questions below best describes you?):

1. Do you typically feel tired after you eat?
2. Do you typically feel energy after you eat?
3. Do you feel no fatigue or change in energy after meals?

Discuss your normal dietary weekly intake:

1. What do you normally eat for breakfast, lunch, and dinner?
 - Breakfast
 - Lunch
 - Dinner
2. What do you eat for snacks?

Most Importantly (GOALS):

What do you want?

What do you think will be most helpful to bring you optimal health?

What are you willing to give up to gain optimal health?

What are you not willing to give up (what are biggest obstacles)?

What foods are you not willing to eat?

What is your relationship with food and how does it affect your relationship with your own body?

I have tried the following diets, techniques, and lifestyle modification to reach my goals:

What are things/practices that help you relax from tension alleviate stress?

Do you practice any form of spirituality?

How willing am I to do the following: (5 being very willing and 1 absolutely unwilling)

Significantly modify my diet	1	2	3	4	5
Record daily food and beverage intake	1	2	3	4	5
Modify my lifestyle habits (cooking, sleeping, etc)	1	2	3	4	5
Engage in regular Exercise	1	2	3	4	5
Take nutritional supplements	1	2	3	4	5
Maintain a journal	1	2	3	4	5

Do you have any specific food or nutrition questions?

A few words about what you can expect from our work together: One of the things I love about holistic nutrition is that the client is educated, guided, and empowered along their healing process, but YOU (the client) are the main driving force in your healing process.

To make real improvements in your health, YOU need to be pro-active and committed in your own self-care.

I am looking forward to working together!



Nutrition Coaching Client Release

The services provided by Jeff Clemons (Master Nutrition Therapist) are restricted to consultation about nutrition and lifestyle matters. I, the undersigned, agree to accept and pay for certain nutritional consultation services offered to me by Jeff Clemons. These services may include but are not limited to the following: instruction and education in the development of eating habits, lifestyle modifications, physical exercise, self-care, healthy home and workplace environment, and behavioral changes based upon Jeff's training and education in holistic nutrition and other relevant work experience. Services are intended to move clients towards optimizing, improving and normalizing health.

Nutritional counseling services by Jeff Clemons are intended to support general health, and do not involve diagnosing, treating, or prescribing the cure for any disease, mental or physical, and are not intended to replace physician care or medical assistance. You accept all responsibility for reviewing diet, nutrition, lifestyle or exercise suggestions with a licensed medical professional before following said suggestions. You agree to inquire about any activities in which you are not familiar and provide any information which may limit your participation in suggested activities.

Your personal and health information will remain confidential and will not be shared without your consent. You give permission for the information provided on this form, and in your nutritional consultation(s), to be shared and discussed with the primary care physician you have listed, if any, at the discretion of the nutrition therapist and in the interest of your general health and wellness, as well as anyone else you indicate in writing or when required by law.

This agreement is being signed voluntarily and not under duress of any kind.

Name: _____

Address: _____

City, State & Zip: _____

Primary Phone: _____

Client Signature: _____ Date: _____

A few words about what you can expect from our work together: One of the things I love about holistic nutrition is that the client is educated, guided, and empowered along their healing process, but YOU (the client) are the main driving force in your healing process. To make real improvements in your health, YOU need to be pro-active and committed in your own self-care.

I am looking forward to working together!



Nutrition Coaching Agreement

This agreement is between Client _____ and Jeff Clemons, MNT (Coach).

This agreement includes the details of the customized coaching plan and services on the payment invoice. In consideration of accepting coaching services, the Client agrees to the following:

COACHING SESSIONS

Client will please adhere to scheduled appointments. Any rescheduling on the part of the Client will take place 24 hours in advance or they will be charged for the full coaching session. When coaching sessions are missed they may be rescheduled, based on Jeff's availability, at an additional charge of \$45. There is flexibility in the event of emergencies, and late appointments may be accommodated based on Jeff's availability.

FEES AND PAYMENT

Client agrees to pay cash, check, or money order in advance of services. Designated fees are agreed upon at the time of purchase. Also, supplements purchased are non-refundable unless communicated otherwise in writing.

PRIVACY

Under HIPPA code, all information and conversations are confidential. By signing this agreement Client gives written permission to disclose confidential information and records in advance.

CLIENT RESPONSIBILITY

Client agrees to collaborate and cooperate in completing food diary and observation reports, intake questionnaires, and any other nutrition and health assessment items. For a productive coaching experience the Client will complete these items in a timely manner and utilize no more than two weeks in doing so. If coaching is sought for specific health conditions the client is solely responsible for contacting their physician for approval of nutrition coaching and other services. Client acknowledges that any discussion of their life and associated problems comes with inherent risks, which Client accepts in their entirety. Jeff Clemons, MNT, its agents, directors, officers, and representatives are indemnified and held harmless by the Client for (from?) any liability resulting from engaging in coaching services, including any medical expenses. As part of the coaching relationship Client accepts the risk of any action, decision or outcome. Client understands that coaching experiences and results vary among individuals and the same benefit is not experienced by everyone. Should the Client wish to discontinue coaching services they will provide a minimum of two weeks' notice to the Coach. When given in writing to the Client, the Coach may discontinue services to the Client for the following reasons: inability or failure to cooperate in completing schedule activities or assigned tasks in a timely manner; non-payment of fees within 5 business days of the due date.

COACH

Jeff Clemons, MNT

CLIENT

Sign: _____

Date: _____

A few words about what you can expect from our work together: One of the things I love about holistic nutrition is that the client is educated, guided, and empowered along their healing process, but YOU (the client) are the main driving force in your healing process.

To make real improvements in your health, YOU need to be pro-active and committed in your own self-care.

I am looking forward to working together!



Jeff Clemons, Master Nutrition Therapist
(720) 515-1431

Welcome to your initial visit with
Master Certified Nutritionist Jeff
Clemons

To maximize your time and make your visit more efficient please fill out below.

Name: _____ Email: _____
Phone Number: _____ Date: _____

-
1. What are your main health goals right now?

 2. What challenges do you face that are in the way of obtaining your goals?

 3. Describe a typical night of sleep

 4. What is your energy level like on a scale of 1-10?

 5. Describe your typical mood:

 6. Do you have digestion issues? (Gas, bloating, diarrhea, heartburn)? Yes/no
If yes please describe _____
 7. When was the last time you had a comprehensive lab panel done? ____

 8. What steps are you willing to take to regain your health?

Client Agreement and Release








I _____ agree to accept and pay for certain nutritional testing and counseling services to me by Jeff Clemons. I understand the nutritional counseling services may include, but will not necessarily be limited to: instruction in the development of eating habits, physical exercises, self-care, healthy home and workplace environment and lifestyle changes.

The services provided by Jeff Clemons are at all times restricted to consultation on the subject of lifestyle and nutritional matters. They are intended for supporting general health and do not involve diagnosing, treatment, or prescribing of remedies for treatment of disease.

This agreement is being signed voluntarily and not under duress of any kind.

Printed Name: _____ Signature: _____

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

Type 1 has spent the longest time in the colon and type 7 has spent the least. Stools at the lumpy end of the scale are hard to pass and often require a lot of straining. Stools at the loose or liquid end of the spectrum can be too easy to pass - the need to pass them is urgent and accidents can happen. The ideal stools are types 3 and 4, especially type 4, as they are most likely to glide out without any fuss.

What type of stools are best?

- * The feeling you need to go is definite but not irresistible
- * Once you sit down on the toilet there is no delay
- * No conscious effort or straining is needed
- * The stool glides out smoothly and comfortably
- * Afterwards there is only a pleasant feeling of relief
- * All this is most likely if the stool is Bristol Stool Form Scale, type 4

» Type 1: Separate hard lumps, like nuts

Typical for acute disbacteriosis. These stools lack a normal amorphous quality, because bacteria are missing and there is nothing to retain water. The lumps are hard and abrasive, the typical diameter ranges from 1 to 2 cm (0.4–0.8”), and they’re painful to pass, because the lumps are hard and scratchy. There is a high likelihood of anorectal bleeding from mechanical laceration of the anal canal. Typical for post-antibiotic treatments and for people attempting fiber-free (low-carb) diets. Flatulence isn’t likely, because fermentation of fiber isn’t taking place.

» Type 2: Sausage-like but lumpy

Represents a combination of Type 1 stools impacted into a single mass and lumped together by fiber components and some bacteria. Typical for organic constipation. The diameter is 3 to 4 cm (1.2–1.6”). This type is the most destructive by far because its size is near or exceeds the maximum opening of the anal canal’s aperture (3.5 cm). It’s bound to cause extreme straining during elimination, and most likely to cause anal canal laceration, hemorrhoidal prolapse, or diverticulosis. To attain this form, the stools must be in the colon for at least several weeks instead of the normal 72 hours. Anorectal pain, hemorrhoidal disease, anal fissures, withholding or delaying of defecation, and a history of chronic constipation are the most likely causes. Minor flatulence is probable. A person experiencing these stools is most likely to suffer from irritable bowel syndrome because of continuous pressure of large stools on the intestinal walls. The possibility of obstruction of the small intestine is high, because the large intestine is filled to capacity with stools. Adding supplemental fiber to expel these stools is dangerous, because the expanded fiber has no place to go, and may cause hernia, obstruction, or perforation of the small and large intestine alike.

» Type 3: Like a sausage but with cracks in the surface

This form has all of the characteristics of Type 2 stools, but the transit time is faster, between one and two weeks. Typical for latent constipation. The diameter is 2 to 3.5 cm (0.8–1.4”). Irritable bowel syndrome is likely. Flatulence is minor, because of disbacteriosis. The fact that it hasn’t become as enlarged as Type 2 suggests that the defecations are regular. Straining is required. All of the adverse effects typical for Type 2 stools are likely for type 3, especially the rapid deterioration of hemorrhoidal disease.

» Type 4: Like a sausage or snake, smooth and soft

This form is normal for someone defecating once daily. The diameter is 1 to 2 cm (0.4–0.8”). The larger diameter suggests a longer transit time or a large amount of dietary fiber in the diet.

» Type 5: Soft blobs with clear-cut edges

I consider this form ideal. It is typical for a person who has stools twice or three times daily, after major meals. The diameter is 1 to 1.5 cm (0.4–0.6”).

» Type 6: Fluffy pieces with ragged edges, a mushy stool

This form is close to the margins of comfort in several respects. First, it may be difficult to control the urge, especially when you don’t have immediate access to a bathroom. Second, it is a rather messy affair to manage with toilet paper alone, unless you have access to a flexible shower or bidet. Otherwise, I consider it borderline normal. These kind of stools may suggest a slightly hyperactive colon (fast motility), excess dietary potassium, or sudden dehydration or spike in blood pressure related to stress (both cause the rapid release of water and potassium from blood plasma into the intestinal cavity). It can also indicate a hypersensitive personality prone to stress, too many spices, drinking water with a high mineral content, or the use of osmotic (mineral salts) laxatives.

» Type 7: Watery, no solid pieces

This, of course, is diarrhea, a subject outside the scope of this chapter with just one important and notable exception—so-called paradoxical diarrhea. It’s typical for people (especially young children and infirm or convalescing adults) affected by fecal impaction—a condition that follows or accompanies type 1 stools. During paradoxical diarrhea the liquid contents of the small intestine (up to 1.5–2 liters/quarts daily) have no place to go but down, because the large intestine is stuffed with impacted stools throughout its entire length. Some water gets absorbed, the rest accumulates in the rectum. The reason this type of diarrhea is called paradoxical is not because its nature isn’t known or understood, but because being severely constipated and experiencing diarrhea all at once, is, indeed, a paradoxical situation. Unfortunately, it’s all too common.