

Bowel symptom diary

Diaries help your healthcare provider understand your unique symptom story. Track your symptoms in the diary below, according to your healthcare provider’s recommendations.

Patient name:

BOWEL EVENTS						BOWEL EVENTS					
Date	Time	How urgent did it feel?	Did you have an accident?	Did you change your protective pad or underwear?	Stool type	Date	Time	How urgent did it feel?	Did you have an accident?	Did you change your protective pad or underwear?	Stool type
	Circle ☾ if you were sleeping or trying to sleep	0. Not urgent 1. Somewhat urgent 2. Urgent 3. Very urgent 4. Extremely urgent (or an accident that occurs without warning)	Yes/No If so, what was the soil amount? 1. Slight 2. Moderate 3. Heavy	Yes/No	1-7 (See key below.)		Circle ☾ if you were sleeping or trying to sleep	0. Not urgent 1. Somewhat urgent 2. Urgent 3. Very urgent 4. Extremely urgent (or an accident that occurs without warning)	Yes/No If so, what was the soil amount? 1. Slight 2. Moderate 3. Heavy	Yes/No	1-7 (See key below.)
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Stool types



