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 Circle & if you were sleeping or trying to sleep	did it feel? 0. Not urgent 1. Somewhat urgent 2. Urgent 3. Very urgent 4. Extremely urgent (or	Did you have an accident? Yes/No If so, what was the soil amount? 1. Slight 2. Moderate 3. Heavy	Did you change your protective pad or underwear? Yes/No	Stool type 1-7 (See key below.)	Date	Time Circle & if you were sleeping or trying to sleep	did it feel? 0. Not urgent 1. Somewhat urgent 2. Urgent 3. Very urgent 4. Extremely urgent (or	Did you have an accident? Yes/No If so, what was the soil amount? 1. Slight 2. Moderate 3. Heavy	Did you change your protective pad or underwear? Yes/No	Stool type 1-7 (See key below.)	
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Stool types





hard



Semi-formed

Mushy

Loose

Watery

Medtronic

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





hard



soft









Watery

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Formed and

Semi-formed

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