BOWEL SYMPTOM DIARY

Track your symptoms in the diary below for as many days as your doctor recommends. Record one bowel episode per row. If you had no episodes on a given day, record that as well. Please record your urgency rating even if you did not experience leakage.

PATIENT NAME _____ MY EVALUATION STARTED ON ____/____/____

DATE OF BIRTH _____ AT ____:____ TIME

Date	Time	Urgency Rating 1-5 *(5 being most urgent)*	# of Pads	Stool Description*	Did You Have an Accident? **Yes/No**	If Yes, Amount of Soil: *Slight/Moderate/Heavy*

Do you feel that this therapy is providing you relief? (circle one) YES NO

How would you characterize your improvement? (circle one)

slightly improved *moderately improved* *markedly improved*

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PATIENT NAME _____

DATE OF BIRTH _____

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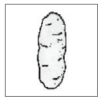
* Stool Description

Use these numbered drawings to indicate in the diary what type of event occurred.

1 pellets



2 formed and hard

3 formed and soft

4 semi-formed

5 mushy

6 loose

7 watery