







BOWEL DIARY

PATIENT NAME: _____

PATIENT DATE OF BIRTH: _____

INSTRUCTIONS:

Use this form to document all bowel movements for 14 consecutive days. Please use a separate line for each bowel movement. Also use a separate line to record any time you have leakage that occurs at times other than when you have a bowel movement. Please bring this diary with you to your next appointment with us.

DATE	TIME	URGENCY "HAD TO RUSH"	QUANTITY (BM)	ACCIDENTAL BOWEL LEAKAGE QUANTITY	STOOL CONSISTENCY SCORE	MEDICATIONS TAKEN FOR BOWELS	COMMENTS	STOOL CONSISTENCY SCALE	
		Y = YES N = NO	S = SMALL M = MEDIUM L = LARGE	S=SMALL M=MEDIUM, L=LARGE	(See key in right column for details)	Laxatives, Enemas, Suppositories, Stool Softeners, (Fiber, Anti-diarrhea, etc.)			
Example 10/1/15	7 a.m.	Y	M	S	5	Metamucil (fiber), imodium	Ill, bad day, not what it's normally like for me.	<p>Type 1: Separate, hard lumps, (hard to pass)</p> 	
	11 a.m.	N	S	L	7				
									<p>Type 2: Sausage shaped, but lumpy</p> 
									<p>Type 3: Like a sausage but with cracks on surface</p> 
									<p>Type 4: Like a sausage or snake, smooth & soft</p> 
								<p>Type 5: Soft blobs with clear edges, passed easily</p> 	
								<p>Type 6: Fluffy pieces with ragged edges, a mushy stool</p> 	
								<p>Type 7: Watery, no solid pieces, entirely liquid stool</p> 