

BOWEL DIARY



INSTRUCTIONS:

PATIENT NAME:

PATIENT DATE OF BIRTH:

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 bowel leakage or urine 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.

BOWEL DIARY

PATIENT NAME: _____

PATIENT DATE OF BIRTH: _____

DATE	TIME	Quantity S = SMALL M = MEDIUM L = LARGE	URGENCY "HAD TO RUSH" Y = YES N = NO
10/1/2015	9 a.m. 11 a.m.	M S	Y Y



Use this form to document all bowel movements. Please draw a line to record any time you have leakage throughout the day. Bring this form with you to your next appointment with us.

ACCIDENTAL BOWEL LEAKAGE S=SMALL M=MEDIUM, L=LARGE		STOOL CONSISTENCY SCORE (See key in lower, left corner for details)
L		5
S		7



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ments for 14 consecutive days. Please use a separate line for each bowel movement. Also use a separate line for any bowel movement that occurs at times other than when you have a bowel movement. Please bring this diary with you to your

MEDICATIONS FOR BOWELS

Laxatives, Enemas,

Suppositories, Stool Softeners,

Fiber Anti-diarrhea, etc.)

Fiber pill

Miralax

STOOL CONSISTENCY SCALE

Type 1: Separate, hard lumps, (hard to pass)



Type 2: Sausage shaped, but lumpy



Type 3: Like a sausage but with cracks on



Type 4: Like a sausage or snake, smooth & soft



Type 5: Soft blobs with clear edges, passed





