The Shrewsbury and Telford Hospital

Patient's name......Casenote number.....

2 Week Bowel Diary

Please complete at the end of each day

	Day		Day		Day		Day		Day		Day		Day	
Start Date	1		2		3		4		5		6		7	
How many times did you														
attempt to empty your bowels														
today?														
Indicate the number of times														
you actually passed stool														
Overall, do you feel like you	Yes		Yes		Yes		Yes		Yes		Yes		Yes	
have completely emptied your	No		No		No		No		No		No		No	
bowels today?	Did not		Did not		Did not		Did not		Did not		Did not		Did not	
	open bowels o		open bowels											
Did you use laxatives today?	Yes		Yes		Yes		Yes		Yes		Yes		Yes	
	No		No		No		No		No		No		No	
Did you use a suppository today?	Yes		Yes		Yes		Yes		Yes		Yes		Yes	
	No		No		No		No		No		No		No	
Did you use rectal irrigation today?	Yes		Yes		Yes		Yes		Yes		Yes		Yes	
	No		No		No		No		No		No		No	

The Shrewsbury and Telford Hospital



NHS Trust

	Day		Day		Day		Day		Day		Day		Day	
Start Date	8		9		10		11		12		13		14	
How many times did you														
attempt to empty your bowels														
today?														
Indicate the number of times														
you actually passed stool														
Overall, do you feel like you	Yes		Yes		Yes		Yes		Yes		Yes		Yes	
have completely emptied your	No		No		No		No		No		No		No	
bowels today?	Did not		Did not		Did not		Did not	\square	Did not		Did not		Did not	
	open bowels		open bowels		open bowels		open bowels		open bowels		open bowels		open bowels	
Did you use laxatives today?	Yes		Yes		Yes		Yes		Yes		Yes		Yes	
	No		No		No		No		No		No		No	
Did you use a suppository	Yes		Yes		Yes		Yes		Yes		Yes		Yes	
today?	No		No		No		No		No		No		No	
Did you use rectal irrigation	Yes		Yes		Yes		Yes		Yes		Yes		Yes	
today?	No		No		No		No		No		No		No	

Please bring this diary to your biofeedback hospital appointment