Instructions on Completion

This diary should be completed every day for **14 consecutive** days.

If you have any queries about completion of this diary, **please phone** on the number on the front of this leaflet.

BOWEL DIARY

14 Days

Patient name	
Hospital number	

Alison Ebanks Pelvic Floor Nurse Specialist Tel : 01743 261083

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Start Date	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Did you pass a controlled bowel action? $\sqrt{for each time}$														
What was the consistency of your stools? <i>H</i> = hard, <i>S</i> = soft <i>L</i> = loose														
How much stool did you pass each time? S=small M=mod L=large														
Did you have urgency? <i>Yes or No</i>														
Did you have incontinence? S=Small, M= Mod or L= Large														
Did you have any bowel leakage/staining between bowel actions? Yes or No														
Did you use antidiarrhoeals? <i>If so, what were they and how many?</i>														
Did you wear a pad? <i>Yes or No</i>														
Total time spent on your bowel management today?														
Did you have any abdominal pain, bloating or cramps? <i>Indicate which</i>														
Did your bowels limit your daily activities ? <i>Yes or No</i>														