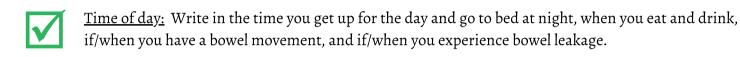
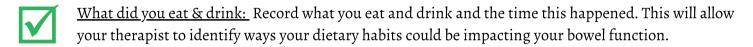
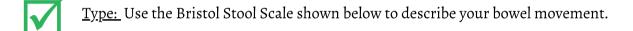
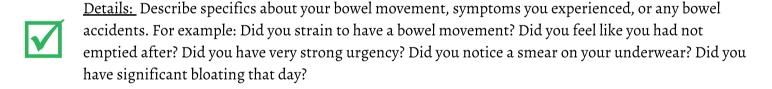


Please fill out this 3-day bowel log to help your provider better understand your bowel habits and the specific types of problem you are having with your bowels. Below is a detailed description of what to include in each section of your diary. On the following page is a sample table that has been filled out to further guide you as you complete your bowel diary.









<u>Leakage:</u> If you experience leaking, please write when it happened and an approximate amount, described as follows: Small (S) ~ Smudge or smear, Medium (M) ~ Approximately one tablespoon or less, Large (L) ~ more than one tablespoon, often requires garment changes.

Type 1 ~ Separate hard lumps	• •••
Type 2 $^{\sim}$ Lumpy and sausage like	456
Type 3 ~ Sausage shaped with cracked surface	
Type 4 ~ Smooth, soft sausage or snake	
Type 5 $^{\sim}$ Soft blobs with clear-cut edges	400
Type 6 $^{\sim}$ Mushy consistency with ragged edges	
Type 7 ~ Liquid consistency with no solid pieces	-35-

## Sample Diary

Time of Day (Eating, BM, Leakage)	What did you eat & drink?	Type of BM	Details (about BM, leakage, other)	Leakage (S, M, L)
6:30 QM (Woke up)				3
8 am	Bowl of oatmeal, I c. coffee, peach			
8:30 am		Type 5	strong urge, didn't feel empty after	
10 am	12 oz. diet coken granola bar			
12 PM	Cheeseburger, french fries, 2 glasses water			48
12:30 PM		Type 5	Really strong urge, did not make it	m
2 PM	Chips, Apple, 1 c. coffee			
5:30 PM	Spaghetti, meathalls, broccoli, I glass water			
6 PM		Туре 6	Strong urge, but made it	e 82 2
7:30 PM			Saw smear on underwear	Å
10:30 PM (Sleep)				
			Tots of gas and bloating this evening	

Name: Date:				
Time of Day (Eating, BM, Leakage)	What did you eat & drink?	Type of BM	Details (about BM, leakage, other)	Leakage (S, M, L)
				3 0
				***
77				
333				201
133				3 (5)
27				
253				3 70
377				31

Name:			Date:		
Time of Day (Eating, BM, Leakage)	What did you eat & drink?	Type of BM	Details (about BM, leakage, other)	Leakage (S, M, L)	
				***	
77					
3.57				341	
133					
27					
253					
377					

Name:			Date:		
Time of Day (Eating, BM, Leakage)	What did you eat & drink?	Type of BM	Details (about BM, leakage, other)	Leakage (S, M, L)	
				3 0	
				***	
77					
3.57				331	
133				3 (5)	
27		37			
253				3 70	
377				31	