equilibria
physiotherapy & nutrition

Bowel Diary

Name: Please complete diary for 3 days/1 week/ until next appointment.

Date	Time AM/PM	Strain Y/N	Incomplete Emptying Y/N	Pain Y/N	Sensation of Blockage Y/N	Use of fingers to assist Y/N	Time Taken	Form Type 1-7	Bowel agent taken – amount	Urgency/Accidents