Bowel Diary

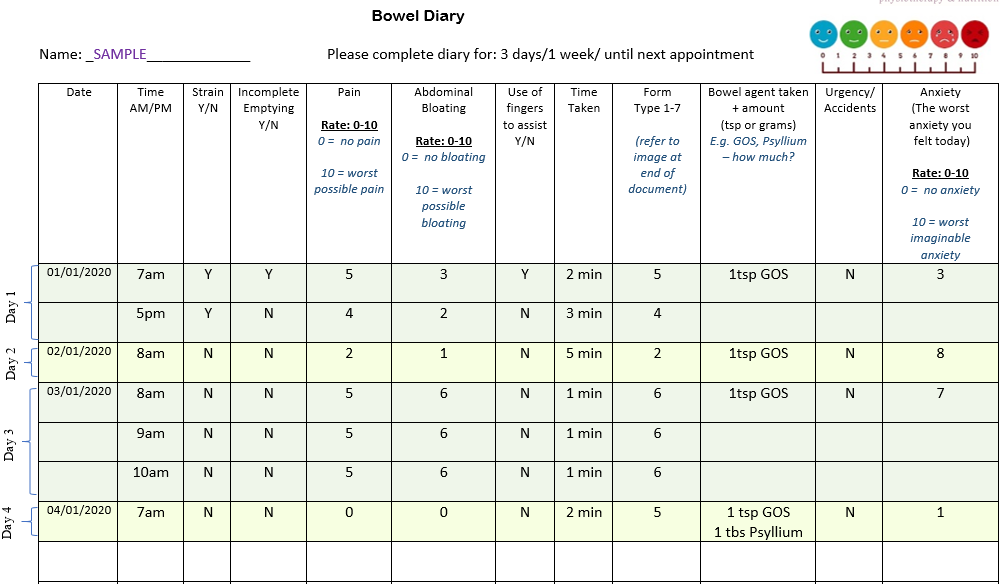
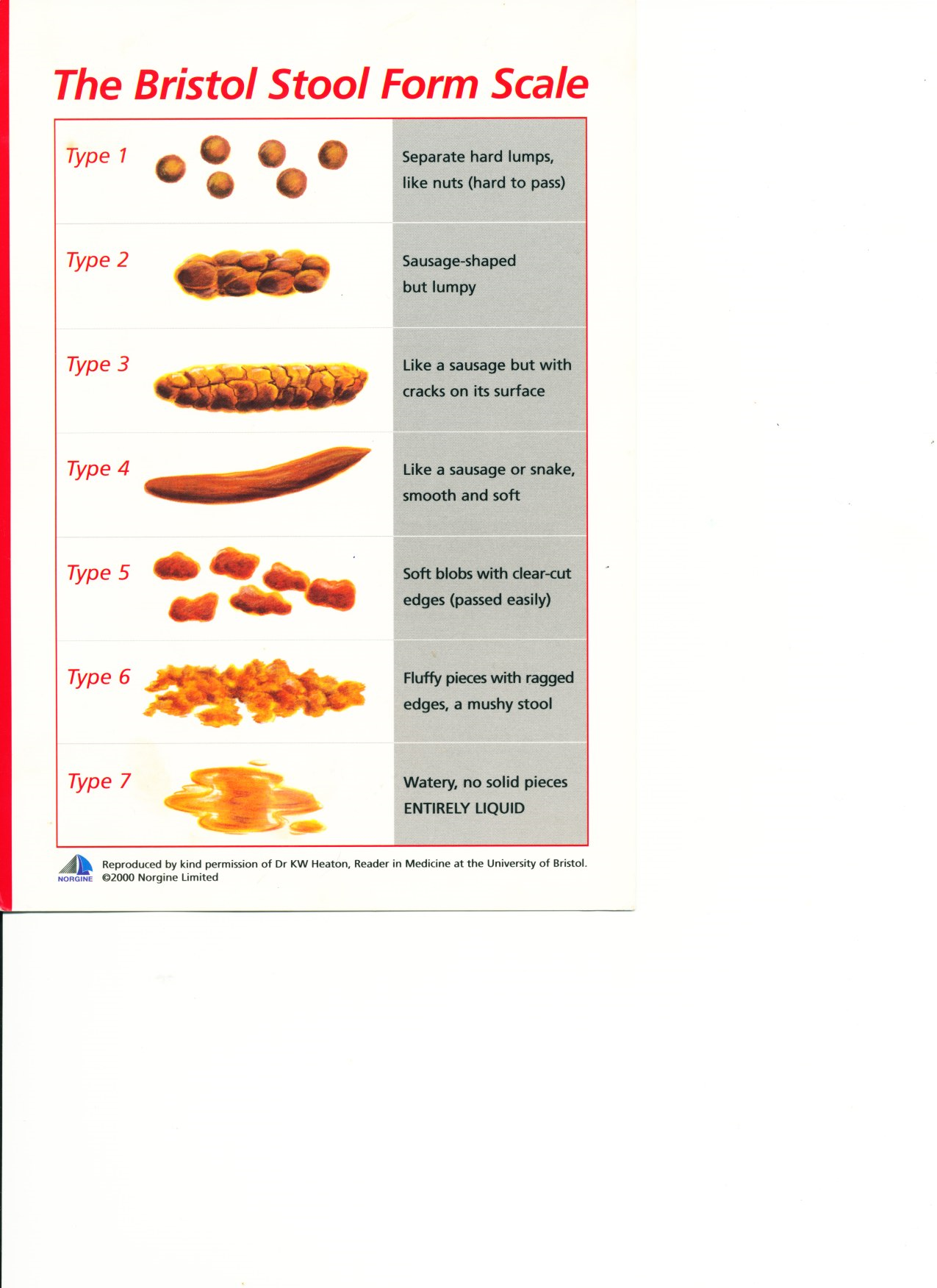
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please complete diary for: 3 days/1 week/ until next appointment

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| Date | Time  AM/PM | Strain Y/N | Incomplete Emptying  Y/N | Pain  **Rate: 0-10**  *0 = no pain*  *10 = worst possible pain* | Abdominal Bloating    **Rate: 0-10**  *0 = no bloating*  *10 = worst possible bloating* | Use of fingers  to assist Y/N | Time Taken | Form  Type 1-7  *(refer to*  *image at*  *end of document)* | Bowel agent taken + amount  (tsp or grams)  *E.g. GOS, Psyllium – how much?* | Urgency/  Accidents | Anxiety  (The worst  anxiety you  felt today)  **Rate: 0-10**  *0 = no anxiety*  *10 = worst imaginable anxiety* |
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Bowel Diary

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

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| Date | Time  AM/PM | Strain Y/N | Incomplete Emptying  Y/N | Pain  **Rate: 0-10**  *0 = no pain*  *10 = worst possible pain* | Abdominal Bloating    **Rate: 0-10**  *0 = no bloating*  *10 = worst possible bloating* | Use of fingers  to assist Y/N | Time Taken | Form  Type 1-7  *(refer to*  *image at*  *end of document)* | Bowel agent taken + amount  (tsp or grams)  *E.g. GOS, Psyllium – how much?* | Urgency/  Accidents | Anxiety  (The worst  anxiety you  felt today)  **Rate: 0-10**  *0 = no anxiety*  *10 = worst imaginable anxiety* |
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Example