

Patient Name:

Date:

Provider:

Food & Bowel Symptom Dairy

Complete this THREE DAY dairy before your next appointment,
if you hav any **CONSTIPATION** or **FECAL INCONTINENCE**

Bowel Diary

Track for 3 days from time you start, Day and Night. Stick to your normal routine.

Output: Track 3 bowel events	Bowel Urgency: Rate 1-5 5 Most Urgent	Description: 1. Liquid 2. Mushy 3. Soft Blob 4. Soft Sausage 5. Lumpy 6. Hard	# of Fecal Leaks	Amount of Leak: 1. Gas 2. Smear 3. Solid 4. Total Loss of Bowels	Did you Self Evacuate? (Yes or No)
Event 1- Date: _____					
Event 2- Date: _____					
Event 3- Date: _____					

Food Diary

INTAKE: Record 3 days food intake	DAY 1	DAY 2	DAY 3
Breakfast			
Snack			
Lunch			
Snack			
Dinner			
Snack			



IHC Systems

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