BOWEL DIARY

Please fill out this form for one week leading up to your healthcare provider appointment. Utilize as many pages as necessary. To maintain the utmost accuracy in your diary, carry it with you at all times and record events as they occur and remember, management is not failure.

for:

date:

Date	Time	Incontinence (Yes/No)	Seepage or straining? (Yes/No)	Stool consistency (See below)	Urgency (Unable to wait 15+ mins) (Yes/No)	Use of pads (Yes/No)	Medications	*Comments*

Stool Consistency: Type 1: Separate hard lumps Type 2: Sausage shaped but heavy Type 3: Like a sausage but with cracks on its surface Type 4: Like sausage or snake, smooth and soft Type 5: Soft blobs with clear-cut edges (passed easily) Type 6: Fluffy pieces with ragged edges, a mushy stool Type 7: Watery.

BLADDER DIARY

A Bladder Diary serves as a useful tool for tracking your fluid intake and the frequency of your bladder activity, aiding both you and your healthcare provider in comprehending your urinary symptoms. Use as many pages as needed and remember, leaks do not define you.

for:

date:

Urine					Drinks			Comments
Time	Amount (mL or Cups)	How strong was the urge to void? (1-3)	Did you experience leakage?	What were you doing?	Time	Amount (mL or Cups)	Type of Liquid	