**BOWEL DIARY**

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>&quot;HAD TO RUSH&quot;</th>
<th>QUANTITY (BM)</th>
<th>ACCIDENTAL BOWEL LEAKAGE QUANTITY</th>
<th>STOOL CONSISTENCY SCORE</th>
<th>MEDICATIONS TAKEN FOR BOWELS</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>10/1/15</td>
<td>7 a.m.</td>
<td>Y</td>
<td>M</td>
<td>S</td>
<td>5</td>
<td>Metamucil (fiber), imodium</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11 a.m.</td>
<td>N</td>
<td>S</td>
<td>L</td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>

**INSTRUCTIONS:**

Use this form to document all bowel movements for 14 consecutive days. Please use a separate line for each bowel movement. Also use a separate line to record any time you have leakage that occurs at times other than when you have a bowel movement. Please bring this diary with you to your next appointment with us.

**STOOL CONSISTENCY SCALE**

- **Type 1:** Separate, hard lumps, (hard to pass)
- **Type 2:** Sausage shaped, but lumpy
- **Type 3:** Like a sausage but with cracks on surface
- **Type 4:** Like a sausage or snake, smooth & soft
- **Type 5:** Soft blobs with clear edges, passed easily
- **Type 6:** Fluffy pieces with ragged edges, a mushy stool
- **Type 7:** Watery, no solid pieces, entirely liquid stool

**URGENCY**

- Y = YES
- N = NO

**QUANTITY (BM)**

- S = SMALL
- M = MEDIUM
- L = LARGE

**ACCIDENTAL BOWEL LEAKAGE QUANTITY**

- S = SMALL
- M = MEDIUM
- L = LARGE

**STOOL CONSISTENCY SCORE**

(See key in right column for details)

**EXAMPLE**

- 10/1/15
- 7 a.m. Y M S 5 Metamucil (fiber), imodium Ill, bad day, not what it's normally like for me.
- 11 a.m. N S L 7

**MISC-24 (01/16)**