



DAILY BOWEL DIARY

This bowel diary will help your physician at The Colorectal Center determine what treatments are available for your fecal incontinence (bowel leakage). Please complete this and bring it with you to your visit.
Record **ONE EPISODE** per column, even if there is more than one per day. Choose the **ONE** best answer for each questions.

	Date: _____ Time: _____ AM PM <input type="checkbox"/> No Episodes Today	Date: _____ Time: _____ AM PM <input type="checkbox"/> No Episodes Today	Date: _____ Time: _____ AM PM <input type="checkbox"/> No Episodes Today	Date: _____ Time: _____ AM PM <input type="checkbox"/> No Episodes Today	Date: _____ Time: _____ AM PM <input type="checkbox"/> No Episodes Today	Date: _____ Time: _____ AM PM <input type="checkbox"/> No Episodes Today	Date: _____ Time: _____ AM PM <input type="checkbox"/> No Episodes Today
Amount of incontinence <i>(see definitions below)</i>	<input type="checkbox"/> None <input type="checkbox"/> Staining <input type="checkbox"/> Minor soiling <input type="checkbox"/> Major soiling	<input type="checkbox"/> None <input type="checkbox"/> Staining <input type="checkbox"/> Minor soiling <input type="checkbox"/> Major soiling	<input type="checkbox"/> None <input type="checkbox"/> Staining <input type="checkbox"/> Minor soiling <input type="checkbox"/> Major soiling	<input type="checkbox"/> None <input type="checkbox"/> Staining <input type="checkbox"/> Minor soiling <input type="checkbox"/> Major soiling	<input type="checkbox"/> None <input type="checkbox"/> Staining <input type="checkbox"/> Minor soiling <input type="checkbox"/> Major soiling	<input type="checkbox"/> None <input type="checkbox"/> Staining <input type="checkbox"/> Minor soiling <input type="checkbox"/> Major soiling	<input type="checkbox"/> None <input type="checkbox"/> Staining <input type="checkbox"/> Minor soiling <input type="checkbox"/> Major soiling
Did you have to hurry or rush to the restroom urgently for this episode?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Did the episode occur while you were sleeping or wake you from sleep?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

STAINING – A stain on undergarment, pad, clothing or skin

MINOR SOILING – An episode that didn't require an immediate

MAJOR SOILING – An episode that required an immediate change of undergarment, pad or clothing