



Keep this diary to record each time you have a bowel movement for a minimum of 14 days.

Date	Time	Date	Time	Date	Time	Date	Time
Stool consistency:		Stool consistency:		Stool consistency:		Stool consistency:	
Did you feel an urge to go?		Did you feel an urge to go?		Did you feel an urge to go?		Did you feel an urge to go?	
Accident or soiling since last bowel motion?		Accident or soiling since last bowel motion?		Accident or soiling since last bowel motion?		Accident or soiling since last bowel motion?	
Activities when leakage occurred		Activities when leakage occurred		Activities when leakage occurred		Activities when leakage occurred	
Notes <i>Record any other relevant information, such as: Use of medications (what taken and when) and its associated side effects, pad usage, etc.</i>		Notes <i>Record any other relevant information, such as: Use of medications (what taken and when) and its associated side effects, pad usage, etc.</i>		Notes <i>Record any other relevant information, such as: Use of medications (what taken and when) and its associated side effects, pad usage, etc.</i>		Notes <i>Record any other relevant information, such as: Use of medications (what taken and when) and its associated side effects, pad usage, etc.</i>	