

BOWEL SYMPTOM DIARY



The information you record in this diary will help your healthcare professional understand your symptoms and help them to decide on the most suitable treatment for you. Fill in one line of the diary every day.

1. Use the stool chart on the right as a guide and write the stool type in this diary every time you open your bowels.
2. Mark the scale overleaf to show how troubled you are by your bowel symptoms each day.
3. Read the constipation symptom checklist below and note down whether you have experienced any of these symptoms each week.

TYPE 1 Separate hard lumps like nuts (difficult 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 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, no solid pieces (entirely liquid)



Use this space to note down any questions you would like to ask your healthcare professional:

Constipation Symptom Checklist:

- Opening your bowels less often than is normal for you
- Passing dry, hard stools (types 1 or 2 on stool chart)
- Straining when using the toilet
- Feeling like you still have more stool to pass after opening your bowels
- Feeling bloated in your abdomen
- Taking longer in the lavatory trying to open your bowels
- Feeling or being sick
- Feeling more tired and sluggish
- Losing your appetite because you feel full

	DATE	STOOL TYPE					Cross box if bowels not opened today	How troubled are you by your bowel symptoms today? 1 = NOT AT ALL 5= EXTREMELY				
EXAMPLE	4 Sep	1	2	1				1	2	3	4	5
EXAMPLE	5 Sep	3						1	2	3	4	5
WEEK 1								1	2	3	4	5
								1	2	3	4	5
								1	2	3	4	5
								1	2	3	4	5
								1	2	3	4	5
								1	2	3	4	5
								1	2	3	4	5
								1	2	3	4	5
Have you experienced any of the symptoms in the constipation checklist overleaf this week?							YES <input type="checkbox"/>	NO <input type="checkbox"/>				
WEEK 2								1	2	3	4	5
								1	2	3	4	5
								1	2	3	4	5
								1	2	3	4	5
								1	2	3	4	5
								1	2	3	4	5
								1	2	3	4	5
								1	2	3	4	5
Have you experienced any of the symptoms in the constipation checklist overleaf this week?							YES <input type="checkbox"/>	NO <input type="checkbox"/>				

Additional copies of this diary and further information on opioid-induced constipation can be found at

www.choices-in-oic.co.uk