








Patient Name : NHS Number : Address :	<b>CURRENT MEDICATION</b> Please list any tablets/medicines you take
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In order to manage your bowel problem it is necessary to know more about your usual pattern. For 14 consecutive days, please answer the questions below and note the consistency of any bowel movement.








	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
<b>Controlled bowel movements (no incontinence: underwear, pads or pants remain clean)</b>							
How many times did you go to the toilet? (controlled)							
Did you strain?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
<b>Uncontrolled bowel movements (incontinence: underwear, pads or pants faecal leakage into pads or pants)</b>							
How many times did you not make it to the toilet in time? (rushed)							
How many times did you not feel the bowel movement, and only realise afterwards? (passive leakage)							
<b>Staining/minor soiling of underwear</b>							
Did you stain/soil your underwear, pants or pad(s) today?							
<b>Pad Usage/Enema/Suppository</b>							
Pad(s) used for incontinence – Amount:							
Enema/Suppository administered?							
Laxative medication what has been taken and how often?							
<b>Fibre</b>							
On average, how many portions of fruit and vegetables have you consumed?							
<b>Stool Consistency</b>							
What was your stool consistency today (see below)							

<b>Type 1</b> Separate hard lumps like nuts (hard to pass) 	<b>Type 2</b> Sausage shaped but lumpy 	<b>Type 3</b> Like a sausage but with cracks on surface 	<b>Type 4</b> Like a sausage or snake, smooth and soft 	<b>Type 5</b> Soft blobs with clear-cut edges (passed easily) 	<b>Type 6</b> Fluffy pieces with ragged edges, a mushy stool 	<b>Type 7</b> Watery, no solid pieces (entirely liquid) 
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Patient Name :  
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 Address :

**CURRENT MEDICATION**  
 Please list any tablets/medicines you take

	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
<b>Controlled bowel movements (no incontinence: underwear, pads or pants remain clean)</b>							
How many times did you go to the toilet? (controlled)							
Did you strain?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
<b>Uncontrolled bowel movements (faecal leakage into pads or pants)</b>							
How many times did you not make it to the toilet in time? (rushed)							
How many times did you not feel the bowel movement, and only realise afterwards? (passive leakage)							
<b>Staining/minor soiling of underwear</b>							
Did you stain/soil your underwear, pants or pad(s) today?							
<b>Pad Usage/Enema/Suppository</b>							
Pad(s) used for incontinence – Amount:							
Enema/Suppository administered?							
Laxative medication what has been taken and how often?							
<b>Fibre</b>							
On average, how many portions of fruit and vegetables have you consumed?							
<b>Stool Consistency</b>							
What was your stool consistency today (see below)							

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