

BOWEL ACTIVITY CHART

Name:

Please document every bowel movement.

	Date and time. e.g Tuesday Sept 21 6 a.m.							
Q.1	Did you leak any stool before you got to the bathroom?							
Q.2	Was the stool loose or formed?							
Q.3	How strong was the urge? 1, 2 or 3 (3 is the strongest) No urge ?							
Q.4	How much did you leak? Small, medium or large amount							
Q.5	Were you active when you leaked stool such as walking/bending/exercising?							
Q.6	Did you leak stool when you were resting/sitting?							
Q.7	Did you leak any stool when you passed gas?							
Q.8	Have you changed your diet?							
Q.9	Do you <u>need</u> to wear pads all the time?							
Q.10	Have you taken anything for constipation?							
Q.11	Have you avoided socializing and traveling because of this problem?							