BOWEL SYMPTOM DIARY

Track your symptoms in the diary below according to your doctor's recommendations. If you had no episodes on a given day, record that as well. Please record your urgency rating even if you did not experience leakage. Talk with your doctor if you have questions about completing this diary.

PATIENT NAME:	 BASELINE	POST-IMPLANT			
DATE OF BIRTH:	 EVALUATION:	STARTED ON//	AT	_:	_TIME

Date	Time	Urgency 0-4 (4 is HIGH)	Did you have an accident? Yes/No	Did you change your pad/ protective underwear? Yes/No	lf Yes, amount of soil: 1-3 1Slight/2Moderate/3Heavy	Stool Description*	Asleep?†
					-		

†Were you asleep or trying to sleep when the symptom occured?



Date	Time	Urgency 0-4 (4 is HIGH)	Did you have an accident? Yes/No	Did you change your pad/ protective underwear? Yes/No	lf Yes, amount of soil: 1-3 1Slight/2Moderate/3Heavy	Stool Description*	Asleep?†
Do you feel that this therapy is providing you relief? (circle one)			yes	no			
How would you characterize your improvement? (circle one)							
slightly imp	ghtly improved moderately improved		greatly improved				
†Were you asleep or trying to sleep when the symptom occured?							

* Stool Description

1

5

pellets

mushy

10280

what type of event occurred.

PE

Use these numbered drawings to indicate in the diary

formed

and hard

3

7

formed

and soft

watery

5

1

4

semi-

formed

9

à

2

6

loose

Medtronic

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Please visit medtronic.com/bowel for helpful information

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