

Personal Daily Diary

Online Version

INTRODUCTION

Use this *Personal Daily Diary* for 2–4 weeks to help you get the most out of your next doctor visit.

For more information, please contact the International Foundation for Gastrointestinal Disorders (IFFGD)

Toll Free at **1-888-964-2001**
or visit **www.aboutIBS.org**

The objective of using this *Daily Diary* is to gain a better understanding of your bowel disorder.

By keeping a detailed record of stool consistency, frequency, continence, pain, diet, medication, emotional status and exercise, a clearer understanding may start to emerge for you and/or your physician to determine the best treatment options available to you.

DESCRIPTIONS

Stool Description

Symptoms

Gas

Pain

Emotional Status *(How do you feel? Why?)*

Stressors

Medications

Women

Food *(List everything, be detailed.)*

Beverages

EXAMPLES

Loose; diarrhea; formed; hard, pellet-like; ribbon-shaped

Incomplete evacuation; strong urge; straining; incontinent; stain/smear

Belching; flatus

Abdominal cramping; lower intestinal cramping; pain on either side of abdomen; tenderness (tender when touched); rectal pain (sharp dull, burning; feels like a hard object is in rectum; cramping sensation in rectum)

Fine; happy; relaxed; anxious; nervous; sad; unhappy, depressed; fatigued; tired (wake up tired, wake up during the night) – mentally tired, physically tired

Daily obligations; employment; school; family; social; travel; shopping; medical appointments; illness; injury; trauma; surgery; personal/intimate

Prescription/over-the-counter including herbs or supplements; and Dosage

Menstrual cycle; ovulation; menstruation

Fruits; vegetables; dairy products; meat; fish; poultry; breads (whole grain, etc); pasta; dessert; condiments (salt, pepper, sauces, spices, oils)

Caffeine; decaffeinated; carbonated; diet/sugar free; alcohol; fruit juices

The International Foundation for Gastrointestinal Disorders (IFFGD) is a nonprofit education and research organization dedicated to informing, assisting, and supporting people affected by gastrointestinal disorders.

The complete paperback edition of the *Personal Daily Diary* is available by contacting IFFGD.

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Week Number _____; Day of the Week _____; Date _____

Time	Evacuated in Toilet <i>Stool Description & Symptom</i>	Gas	Stain/Smear	Incontinent Bowel Movement <i>Stool Description & Symptom</i>	Pain <i>Description & Duration</i>	Emotional Status	Medications <i>Prescription/Over- the-Counter</i>

DIET	<i>List: Items & Times</i>				Exercise <i>List examples: walk, run, bike, swim, aerobic, other; and times</i>		
	FOODS	Breakfast	_____	_____	_____	_____	_____
		Lunch	_____	_____	_____	_____	_____
		Dinner	_____	_____	_____	_____	_____
		Snacks	_____	_____	_____	_____	_____
	BEVERAGES	_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____
_____		_____	_____	_____	_____	_____	
Women _____ <i>Menstrual cycle; ovulation; menstruation</i>				Number of daytime evacuations _____			
				Number of nighttime evacuations _____			
				Number of stains or smears _____			
				Number of incontinent bowel movements, if any _____			
				Number of protect undergarments used, if any _____			