## **Bowel Symptom Journal**

## Date:

Time	Food or Drink	Bowel Symptom Type *	, , , , , , , , , , , , , , , , , , ,	Stress/Anxiety Ranking
	(Type & Amount)		(0-10, 0=no symptoms, 10=very severe symptoms)	
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·····	***************************************		······	••••••
Physical Activity (What/How much)			Observations:	
Physical Activity (What/How much)			Observations.	

<sup>\*</sup>Bowel symptom types: gas (G), bloating (B), pain (P), constipation (C), diarrhea (D), bowel urgency (U), bloody stools (BS)