

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 have to change your protective pad/underwear? Yes/No	If Yes, amount of soil: 1-3 1. Slight 2. Moderate 3. Heavy
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Do you feel that this therapy is providing you relief? (circle one) Yes No

How would you characterize your improvement? (circle one)

Slightly improved Moderately improved Greatly improved

Please visit medtronic.com/bowel for helpful information.