Bowel Symptom Journal

Date:

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

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