

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 Functional 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 Functional 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.

IFFGD
PO Box 170864
Milwaukee, WI 53217
Phone: 414-964-1799
Fax: 414-964-7176
Email: iffgd@iffgd.org
www.iffgd.org

PHOTOCOPY OR PRINT MULTIPLE COPIES OF THIS PAGE. **Week Number** _____; **Day of the Week** _____; **Date** _____

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DIET	FOODS		Exercise	
		<i>List: Items & Times</i>	<i>List examples: walk, run, bike, swim, aerobic, other; and times</i>	
	Breakfast			
	Lunch			
	Dinner		Women	
	Snacks		<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	