

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 change your pad/ protective underwear? Yes/No	If Yes, amount of soil: 1-3 1Slight/2Moderate/3Heavy	Stool Description*	Asleep?† ✓

†Were you asleep or trying to sleep when the symptom occurred?

Date	Time	Urgency 0-4 (4 is HIGH)	Did you have an accident? Yes/No	Did you change your pad/ protective underwear? Yes/No	If Yes, amount of soil: 1-3 1Slight/2Moderate/3Heavy	Stool Description*	Asleep?† ✓

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

†Were you asleep or trying to sleep when the symptom occurred?

Medtronic

710 Medtronic Parkway
Minneapolis, MN 55432-5604
USA
Tel: (763) 514-4000

Please visit medtronic.com/bowel for helpful information

©2019 Medtronic. All rights reserved. Medtronic, Medtronic logo and Further, Together are trademarks of Medtronic. All other brands are trademarks of a Medtronic company. UC201800943c EN

*** Stool Description**

Use these numbered drawings to indicate in the diary what type of event occurred.



1
pellets



2
formed and hard



3
formed and soft



4
semi-formed



5
mushy



6
loose



7
watery