

# 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.

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Week Number \_\_\_\_\_; Day of the Week \_\_\_\_\_; Date \_\_\_\_\_

Time	Evacuated in Toilet <i>Stool Description &amp; Symptom</i>	Gas	Stain/Smear	Incontinent Bowel Movement <i>Stool Description &amp; Symptom</i>	Pain <i>Description &amp; Duration</i>	Emotional Status	Medications <i>Prescription/Over- the-Counter</i>

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