



Daily Journal (Photocopy and use one page per day)

Patient Name _____ DOB _____

Date _____ Journal Page Number: _____ /14

Bowel medications taken, amount and times (Metamucil, Immodium, Colace, Lomotil, etc). Record medications use for bowel management.	Medication		Time taken	Dose/Amount
Stool Incontinence Episodes (if additional space needed, use back of page)	Time	What type of accident? (solid, liquid, or mixed. Include accidents of bowel gas)	Amount (large or small)	
Other Notes				