

Participant ID						7 DAY BOWEL & MASSAGE DIARY		

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Date of starting diary - -

WEEK	PLEASE CIRCLE							
Indicate time point (weeks from base-line visit)	1	2	3	4	5	6	23	Withdrawal

Please complete the following diary by circling the most appropriate answer or by filling in the boxes.

DIARY							
	SUN	MON	TUES	WED	THUR	FRI	SAT
Did you pass a stool today?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
If yes, what type was it? (see chart) (Type 1-7)							
How many times did you try and pass stool today?							
Do you feel you have emptied your bowel?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
In total how long did you spend on the toilet? (minutes)							
How much did you drink today?	USUAL* MORE LESS	USUAL MORE LESS	USUAL MORE LESS	USUAL MORE LESS	USUAL MORE LESS	USUAL MORE LESS	USUAL MORE LESS
Laxative use	USUAL** MORE LESS	USUAL MORE LESS	USUAL MORE LESS	USUAL MORE LESS	USUAL MORE LESS	USUAL MORE LESS	USUAL MORE LESS
Did you use digital stimulation? (gentle touching of wall of anus or rectum)	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
Did you have a bowel accident today?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
Was massage performed today?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
If yes, for how long? (minutes)							
Any comments you would like to discuss with the nurse during your next call? (such as any problems with the massage or any visits to your GP, or MS clinic or any health care professional).							
Please initial and date when completed	<input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>						

* Usual is the amount you would normally drink

** Usual laxative means the amount you would have taken before entering the study

DATA ENTERED ON DATABASE (OFFICE USE ONLY) SIGNATURE DATE <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
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