

Patient Name:

DOB:

****FECAL INCONTINENCE****

Voiding Diary Instructions For: Fecal Incontinence

Column 1:

- Document Date/Time of each bowel movement. Even if you go just a little bit, write it down.

Column 2:

- Indicate with a “yes” or “no” if you leaked stool before you could get to the toilet.
 - Whether it was dribbling or a complete loss of the bowel, please indicate with a “yes.” Either way is considered an incontinent event.
 - Also indicate with a “yes” if you made it to the bathroom but were not able to sit down before your bowels began to empty.

Column 3:

- Indicate with a “yes” or “no” if an urge to defecate is present.

Column 4:

- Indicate with a “yes” or “no” if you had to change your pad/protective garment.

