### Gastrointestinal Symptom Diary

**Date:**

**Day:**

<table>
<thead>
<tr>
<th>Hours</th>
<th>06</th>
<th>08</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>18</th>
<th>20</th>
<th>22</th>
<th>24</th>
<th>02</th>
<th>04</th>
<th>06</th>
</tr>
</thead>
</table>

- **Note meals with X:**
- **Note when you have a feeling of sickness:** X
- **Note when you have abdominal pain with X:** X
- **Score the intensity of the pain as indicated below:**
  - X
- **Locate the pain area on the sketch:**

**Note when you have a feeling of abdominal bloating or distension:** X

**Note bowel movements in a circle:** Describe the consistency (as below) in the circle

<table>
<thead>
<tr>
<th>Did you have tenesmus to the toilet?</th>
<th>Yes/No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Did you have the feeling that you could empty your bowels completely?</th>
<th>Yes/No</th>
</tr>
</thead>
</table>

**Intensity of pain:**
1. X=--=-- light pain
2. X=---=-- moderate pain
3. X=-----= intense, unbearable pain

**Stool consistency:**

Figure 1: Gastrointestinal symptom diary card.