

# CONSTIPATION LOG

## SYMPTOM

Check all that apply

<u># of days <i>without</i> a bm this week</u>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5/6
<u>Difficult to pass and takes a long time</u>	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____			
<u>It is small</u>	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____			
<u>It is hard</u>	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____			
<u>I strain</u>	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____			
<u>There is blood</u>	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____			
<u>It was painful</u>	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____			
<u>Color</u>	<input type="checkbox"/> black	<input type="checkbox"/> brown	<input type="checkbox"/> gray	<input type="checkbox"/> green	<input type="checkbox"/> mucus	

## NOTES

