

NAME: _____

DATE: _____

IBS-C SYMPTOMS WEEKLY TRACKER

WEEK 1	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Bowel Movements How many?							
Consistency	Loose<○○○○○>Hard	Loose<○○○○○>Hard	Loose<○○○○○>Hard	Loose<○○○○○>Hard	Loose<○○○○○>Hard	Loose<○○○○○>Hard	Loose<○○○○○>Hard
SYMPTOMS							
Constipation Yes or No							
Belly Pain (1=Minor to 5=Major)							
Gas Yes or No							
Fatigue (1=Low to 5=High)							
Other Specify							
WEEK 2	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Bowel Movements How many?							
Consistency	Loose<○○○○○>Hard	Loose<○○○○○>Hard	Loose<○○○○○>Hard	Loose<○○○○○>Hard	Loose<○○○○○>Hard	Loose<○○○○○>Hard	Loose<○○○○○>Hard
SYMPTOMS							
Constipation Yes or No							
Belly Pain (1=Minor to 5=Major)							
Gas Yes or No							
Fatigue (1=Low to 5=High)							
Other Specify							
DURING THESE TWO WEEKS... (check any/all that apply)							
I've felt... <input type="checkbox"/> Depressed <input type="checkbox"/> Anxious <input type="checkbox"/> Stressed <input type="checkbox"/> Sad <input type="checkbox"/> Angry <input type="checkbox"/> Embarrassed <input type="checkbox"/> Isolated <input type="checkbox"/> Helpless <input type="checkbox"/> Other: _____		My nausea has... <input type="checkbox"/> Decreased <input type="checkbox"/> Increased <input type="checkbox"/> Remained the Same		I've had soiled underwear... <input type="checkbox"/> Never <input type="checkbox"/> Once <input type="checkbox"/> 2-3 times <input type="checkbox"/> 4-5 times <input type="checkbox"/> More than 5 times			
My appetite has... <input type="checkbox"/> Decreased <input type="checkbox"/> Increased <input type="checkbox"/> Remained the Same		I've had issues with my... <input type="checkbox"/> Eyes <input type="checkbox"/> Joints <input type="checkbox"/> Kidney <input type="checkbox"/> Skin <input type="checkbox"/> Rectum <input type="checkbox"/> Liver <input type="checkbox"/> Other: _____		My IBD has made me... <input type="checkbox"/> Avoid activities <input type="checkbox"/> Arrive late <input type="checkbox"/> Miss work/school/events <input type="checkbox"/> Stay home <input type="checkbox"/> Withdraw from friends/family			