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Pelvic Floor Physical Therapy for Women

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Stool Diary

Please record your stool habit for one week.

Name:

Date	Time of Bowel Movement (BM)	Incontinence Yes/No	Stool Seepage or Staining Yes/No	Stool Consistency Type 1-7	Urgency Unable to postpone BM for more than 15min Yes/No	Use of Pads Yes/No	Medications	Comments