<table>
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<th>Section</th>
<th>Questions</th>
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| Normal                      | - What are your normal bowel habits?  
- Do you have an ostomy? If so, how many times do you normally empty/change the bag?  
- Are you aware of any medications that you are taking that could cause diarrhea (e.g. antibiotics, warfarin) |
| Onset                       | - When did diarrhea begin?  
- How many bowel movements in the last 24 hours?  
- If ostomy, how many times did you empty/change bag? |
| Provoking / Palliating      | - What brings on the diarrhea?  
- Is there anything that makes the diarrhea better? Worse? |
| Quality                     | - Describe your last bowel movement  
  - Was there any blood or mucous?  
  - Was it loose or watery?  
  - Can you estimate the amount, large or small volume?  
  - Can you describe the odour? |
| Region / Radiation          | - N/A                                                                                                                                                                                                     |
| Severity / Other Symptoms   | - How bothered are you by this symptom? (on a scale of 0 – 10, with 0 being not at all to 10 being the worst imaginable)  
- Have you been experiencing any:  
  - Abdominal cramping  
  - Diarrhea overnight (nocturnal stools)  
  - Incontinence of stool  
  - Fever - possible infection  
  - Dry mouth, thirst, dizziness, weakness, dark urine - possible dehydration  
  - Severe abdominal pain, bloating, nausea, vomiting - possible bowel obstruction  
  - Skin breakdown around your rectum/colostomy  
- Are you able to keep fluids down? What are you drinking? How much?  
- What is your dietary intake?  
- Are you urinating normally? |
| Treatment                   | - What medications or treatments have you tried? Has this been effective?                                                                                                                                 |
| Understanding / Impact on You| - Is your diarrhea interfering with your normal daily activity (ADLs)?                                                                                                                                     |
| Value                       | - What do you believe is causing your diarrhea?                                                                                                                                                          |