Patient's Name:_____ **Date**_____

DIARRHEA

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?	

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