

*IBD Bathroom Tracker*

Name: \_\_\_\_\_ Week of: \_\_\_ / \_\_\_ / \_\_\_

Daily Bathroom Log

Date	Time	BM?	Stool Type (1-7)	Amount	Urgency	Blood	Mucus	Pain (0-10)	Accident	Notes

Daily Summary

Total bathroom trips:	
Total BMs:	
Worst urgency:	
Worst pain (0-10):	
Night trips:	
Energy level:	

Symptom Check (Circle any):

Bloating / Nausea / Fever / Appetite loss / Fatigue / Joint aches / Mouth sores / Skin rash / Rectal pain

Medical Disclaimer: This tracker is for informational purposes only and is not intended to diagnose or treat any medical condition. Consult your healthcare provider for evaluation and guidance.