

2 May · visible blood reported once — book a visit.

This is the reason this summary was prepared.

rule: any visible blood
no explaining medication on list

1 · SUMMARY MEASURES

6.8/wk FREQUENCY	6.3/wk SBM ¹	3.8/wk CSBM ¹	3–5 ² TYPICAL BRISTOL	93% SPONTANEOUS	2 d LONGEST GAP
2.3 / 5 PAIN, MEAN/MAX ³	73% PAIN EASED BY BM ³	4 / 9 TOILET MIN, MEAN/MAX ³	9 d BLOATING	4× STRAINING	3× INCOMPLETE EVAC. ¹
29 ENTRIES					

2 · FIGURES

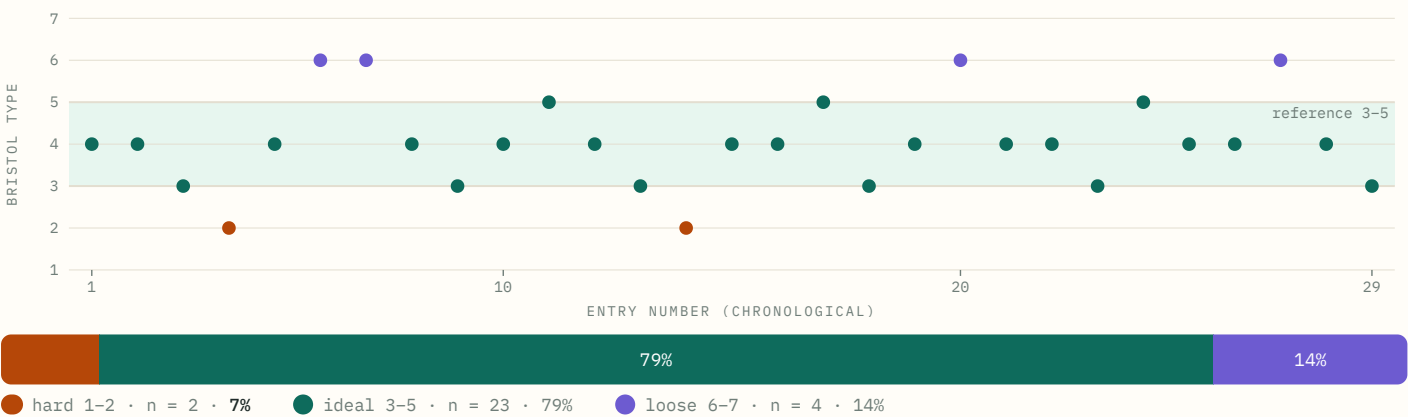


Fig. 1 · Bristol stool type per entry, chronological (dots, left axis); category distribution below (share of n = 29). Shaded band: reference range 3-5.

3 · DAILY LOG · final 7 days (excerpt)

DAY	TIME	BR	URG	LK	BLD	PAIN	TOIL	S/A
Sun 14	08:12	4	no	no	no	1	3m	S
Sat 13	no BM documented							
Fri 12	14:20	6	no	no	no	3	5m	S
Fri 12	07:55	6	yes	liq	no	4	6m	S
Thu 11	08:02	4	no	no	no	2	4m	S
Wed 10	07:48	2	yes	no	no	5	9m	A
Tue 9	08:15	3	no	no	no	2	4m	S

Br Bristol type · Urg urgency · Lk leakage · Bld visible blood · Pain 0-10 · Toil time on toilet · S spontaneous / A laxative-aided

4 · EVENTS & FLAGS

- Wed 10 · Bristol 2, pain 5, 9 min · hardest entry of period

laxative-aided · straining logged · isolated, no recurrence after
- 18 Apr · black stool · resolved

attributed to iron supplementation, started 19 Apr

5 · MEDICATIONS, SELF-REPORTED

Linacotide 290 µg OD	increased from 145 µg on 3 May
Iron 65 mg OD	started 19 Apr
Psyllium 5 g nocte	ongoing