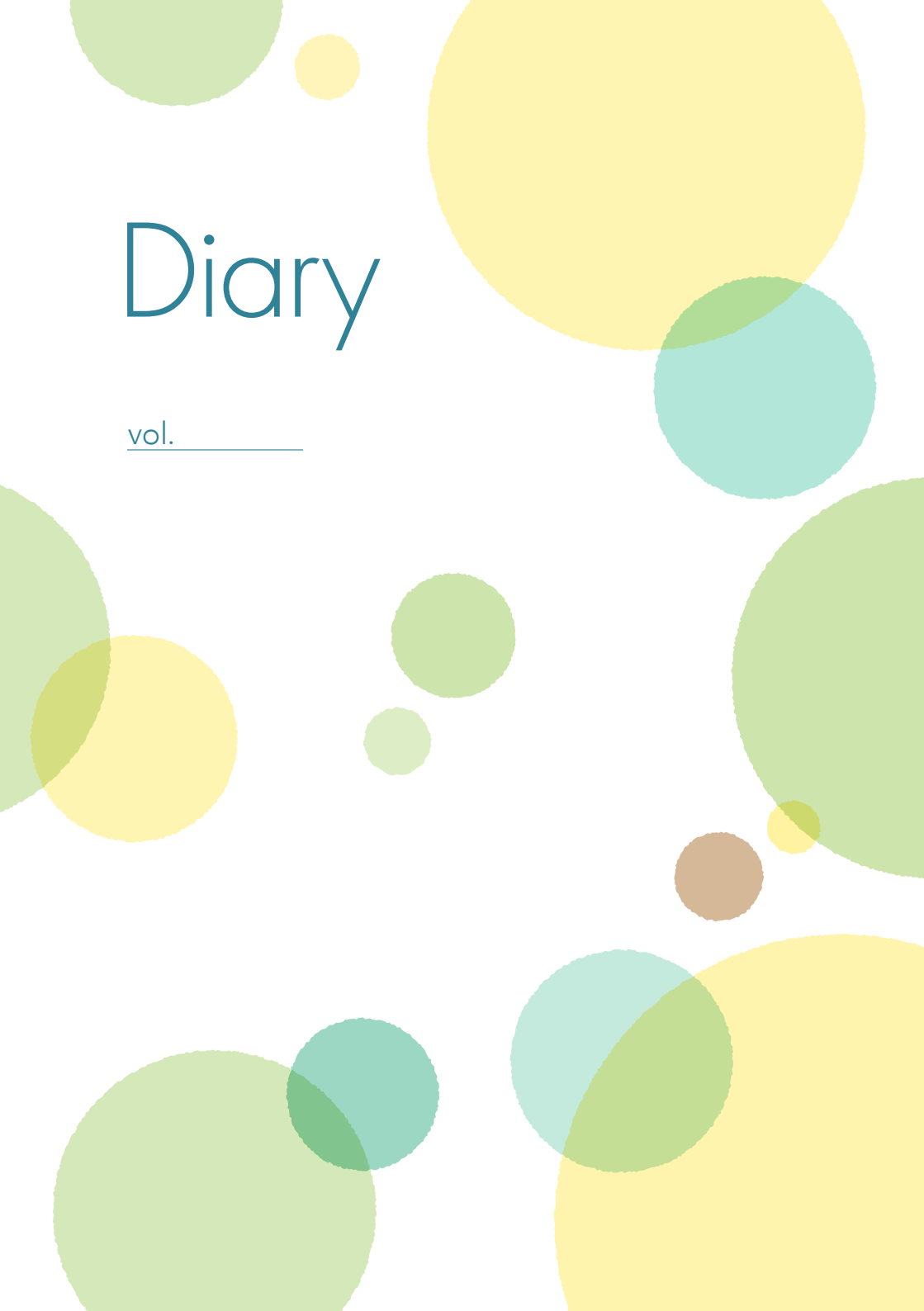




# Diary

vol. \_\_\_\_\_

# はじめに

現在の状況について確認しましょう。

## ● 日誌の使用期間について

|          |               |
|----------|---------------|
| 使用開始時の年齢 | 歳             |
| 使用期間     | 年 月 日 ~ 年 月 日 |

## ● 服薬している便秘薬について

|   |    |            |       |
|---|----|------------|-------|
| 1 | 1回 | (錠、包、滴) 1日 | 回・とん服 |
| 2 | 1回 | (錠、包、滴) 1日 | 回・とん服 |
| 3 | 1回 | (錠、包、滴) 1日 | 回・とん服 |

## ● 開始時のお通じの状況

|             |                                 |     |
|-------------|---------------------------------|-----|
| 1週間あたりの排便回数 | おおよそ                            | 回/週 |
| 便の硬さ・形      | もっとも頻度の高い硬さ・形の便を下表から選び、記入しましょう。 |     |

①

かたく  
コロコロ  
している便



②

短く  
コロコロ便が  
くっついた便



③

表面が  
ひびわれて  
いる便



④

なめらかな  
バナナ状の便



⑤

やわらかく  
半固形状の便



⑥

どろどろした  
かゆ状の便



⑦

水のような便



便秘傾向

下痢傾向

以下の中で、  
あてはまる症状があれば  
✓をしておきましょう。

- ☐ 強いいきまないと便がでない
- ☐ 排便の際に血がつく
- ☐ 排便の際に肛門に痛みがある
- ☐ 排便の後もスッキリしない
- ☐ お腹が張って苦しい
- ☐ お腹が痛む

もしお通じが改善したらやりたいことなどがあれば、自由に記入してみましょう

## お通じ日誌記入例

服薬状況や日々の生活の中で  
気になったことをメモしておき  
ましょう。とくに、お薬を指示通  
り飲めず、休薬した場合やお薬  
の量を増減した場合は、なる  
べく記載しておきましょう。

### お通じ日誌

| 日付         | お通じ                                                                                                                                                                                                                                                               |  |  |  |  |  |  |  | スツクリ | メモ                                                       |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------|----------------------------------------------------------|
| 5/1<br>(火) | <br><br>       |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      | ・1日2錠<br>・夕食前にのむ                                         |
| 5/2<br>(水) | <br><br>       |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   | ×    | お通じがあった朝、昼、夜<br>の時間に、もっとも近い<br>硬さ・形の便にチェック<br>をしておきましょう。 |
| 5/3<br>(木) | <br><br>       | ✓                                                                                 |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   | ×    | 気になる症状などがあ<br>れば、一緒にメモして<br>おきましょう。                      |
| 5/4<br>(金) | <br><br>       |                                                                                   |                                                                                   | ✓                                                                                 |                                                                                   |                                                                                   |                                                                                   |                                                                                   | △    | ・刺激性下剤を<br>ねる前に<br>飲んだ                                   |
| 5/5<br>(土) | <br><br>  |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   | ✓                                                                                 |                                                                                   | ×    | ・朝食を<br>食べなかった                                           |
| 5/6<br>(日) | <br><br> |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   | —    | 食事の有無や食事内容<br>など、食生活で気にな<br>ったことをメモして<br>もよいでしょう。        |
| 5/7<br>(月) | <br><br> |                                                                                   |                                                                                   |                                                                                   | ✓                                                                                 |                                                                                   |                                                                                   |                                                                                   | ○    | ・調子が良い。<br>朝食もおいしく<br>感じられた。                             |

1週間あたりの排便  
回数の合計を記載  
しておきましょう。

1週間の排便回数 **4** 回/週

お通じ日誌

| 日付       | お通じ                                                                                 |  |  |  |  |  |  |  | スッキリ | メモ |
|----------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------|----|
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| 日付       | お通じ                                                                                 |  |  |  |  |  |  |  | スッキリ | メモ |
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1週間の排便回数

回/週

お通じ日誌

| 日付       | お通じ                                                                                 |  |  |  |  |  |  |  | スッキリ | メモ |
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| /<br>( ) |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
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| /<br>( ) |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
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| 日付       | お通じ                                                                                 |  |  |  |  |  |  |  |  | スッキリ | メモ |
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| /<br>( ) |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
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1週間の排便回数

回/週

お通じ日誌

| 日付       | お通じ                                                                                 |  |  |  |  |  |  |  | スッキリ | メモ |
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| /<br>( ) |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
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| 日付       | お通じ                                                                                 |  |  |  |  |  |  |  | スッキリ | メモ |
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お通じ日誌

| 日付       | お通じ                                                                                 |  |  |  |  |  |  |  | スッキリ | メモ |
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1週間の排便回数 回/週

| 日付       | お通じ                                                                                 |  |  |  |  |  |  |  | スッキリ | メモ |
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| 日付       | お通じ                                                                                 |  |  |  |  |  |  |  | スッキリ | メモ |
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| /<br>( ) |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
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|          |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
| /<br>( ) |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
| /<br>( ) |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
| /<br>( ) |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |  |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |  |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
| /<br>( ) |  |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |  |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |  |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
| /<br>( ) |  |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |  |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |  |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |

1週間の排便回数

回/週

お通じ日誌

| 日付       | お通じ                                                                                 |  |  |  |  |  |  |  | スッキリ | メモ |
|----------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------|----|
| /<br>( ) |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
| /<br>( ) |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
| /<br>( ) |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
| /<br>( ) |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
| /<br>( ) |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |  |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |  |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
| /<br>( ) |  |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |  |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |  |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
| /<br>( ) |  |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |  |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |  |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |

| 日付       | お通じ                                                                                 |  |  |  |  |  |  |  | スツキリ | メモ |
|----------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------|----|
| /<br>( ) |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
| /<br>( ) |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
| /<br>( ) |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
| /<br>( ) |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
| /<br>( ) |    |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |  |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |  |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
| /<br>( ) |  |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |  |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |  |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
| /<br>( ) |  |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |  |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |
|          |  |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |      |    |

1週間の排便回数

回/週

## 連絡先

医療機関名：

電話番号：

担当医師名：

緊急連絡先：



EAファーマ株式会社



エーザイ株式会社