**CONSTIPATION** 

**FREQUENT / URGENT NEED TO URINATE** 

**DIFFICULTY EATING** 

**FEELING FULL TOO QUICKLY** 

**BLOATING** 

**ABDOMINAL OR BACK PAIN** 

PAIN OR PRESSURE IN THE PELVIC AREA

NORMAL

**VAGINAL DISCHARGE THAT IS NOT** 

**VAGINAL BLEEDING** 



Fill in the squares in the diary below for each day that you have a symptom.

