

30-day bowel summary

15 Apr – 14 May 2026 · prepared for discussion with a clinician

SPECIMEN · ILLUSTRATIVE SYNTHETIC DATA

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

FLAGGED ENTRY 2 May · 09:14 · Bristol 5 · urgency no · leakage no · blood yes · pain 3/10 · 4 min · spontaneous

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× INCOMPL. EVAC. ⁴

2 · FIGURES

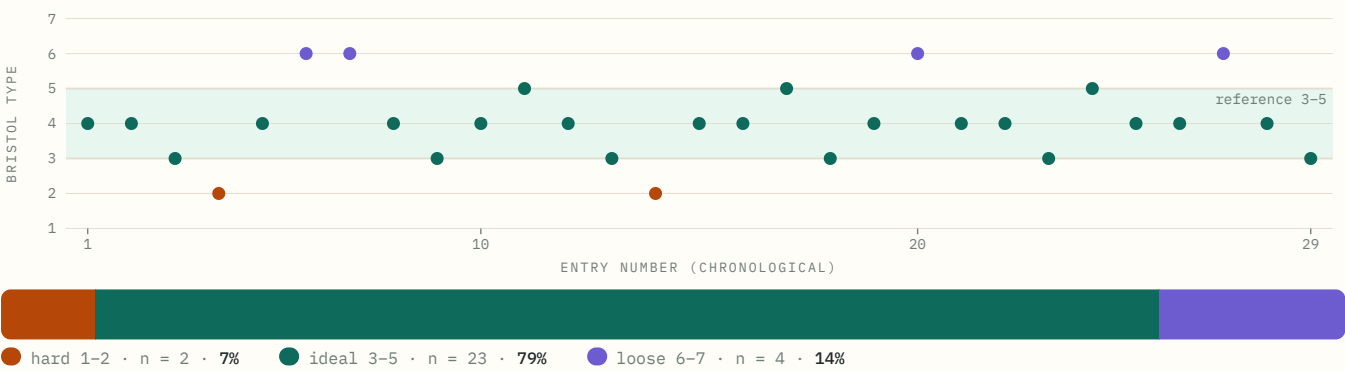


Fig. 1 · Bristol stool type per entry, chronological (dots, left axis); category distribution below (share of n = 29, labelled in the legend). Shaded band: reference range 3-5.

3 · DAILY LOG · final 7 days (excerpt)

DATE	TIME	BR	URG	LK	BLD	PAIN	TOIL	S/A
14 May	08:12	4	no	no	no	1	3m	S
13 May	no BM documented							
12 May	14:20	6	no	no	no	3	5m	S
12 May	07:55	6	yes	liq	no	4	6m	S
11 May	08:02	4	no	no	no	2	4m	S
10 May	07:48	2	yes	no	no	5	9m	A
9 May	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

2 May · visible blood ×1 · open — book a visit

also shown above · rule: any visible blood · no explaining medication

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

laxative-aided · straining logged · isolated, no recurrence after

21 Apr · black stool · resolved

attributed to iron supplementation, started 19 Apr

Alarm screen · no weight loss, no nocturnal BMs, no fever logged this period

family history not captured by the app

5 · MEDICATIONS, SELF-REPORTED

Linaclootide 290 µg OD	increased from 145 µg on 3 May
Iron 65 mg OD	started 19 Apr · for iron-deficiency anaemia
Psyllium 5 g nocte	ongoing

6 · Methods. ¹ SBM: BM without laxative use in preceding 24 h; CSBM: SBM with complete evacuation (per-entry completeness field). ² Typical Bristol: central 50% of entries (interquartile range) — identical definition in every Cadence report. ³ Reported as mean / max; “pain eased by BM”: entries with pain ≥ 3 rated lower within 1 h after defecation (8 of 11). ⁴ “Incomplete evac.” tile: entries where the sensation was marked bothersome (symptom checkbox) — narrower than the per-entry completeness field in ¹, whose gap is SBM – CSBM = 11 this period. Food–symptom pairs screened at 0–72 h lag: no pair exceeded the reporting threshold ($|r| \geq 0.4$, $n \geq 8$) this period. This summary organizes self-reported data; it is not a diagnosis.