

Bowel questionnaire

This document is for your own purpose only. This will help you feel prepared for questions you might receive from the healthcare professional. The answers can hopefully facilitate the conversation and help you to remember what you would like to raise and discuss.

Symptoms

My problems and symptoms are:

 □ Constipation □ Leakage (bowel accidents) □ Bloating □ Abdominal pain □ Feeling of that the bowel is not completely emptied □ Bleeding □ Other: 			
I have experienced these symptoms sincemonths or year/s			
I have sought help for this before ☐ No ☐ Yes			
If yes, when and where			
Advice I got:			
Bowel emptying/toilet habits I usually empty my bowel approximatelytimes/day ortimes/week or other			
I usually spend min or hours on a toilet visit			
I need to pressure or assist with my fingers in order to empty the bowel			
NoYes Describe what you are doing to assist the emptyingHow often?			
Any experience of bowel accidents?			
☐ No ☐ Yes If yes, how often?			





I am using an incont	tinence aid	A REAL DIFFERENCE
☐ No ☐ Yes, what		
Lam taking layatiye	s, fiber intake or similar on a re	agular hasis
	s, fiber intake of similar on a fo	-gaiai basis
☐ No ☐ Yes		
If yes, how often? _	What? _	
	cture below, my stool usually l ol Stool Chart	ooks like type
Туре 1	Separated hard lumps, like nuts (hard to pass).	
Type 2	Sausage-shaped but lumpy.	
Туре 3	Like a sausage but with cracks on the surface.	
Type 4	Like a sausage or snake, smooth and soft.	
Type 5	Soft blobs with clear cut edged.	
Type 6	Fluffy pleces with ragged edges, a mushy stool.	
Type 7	Watery, no solid pieces. Entirely Liquid.	
Medications		
Please write down if	f you take any medications	
Medical history		
		example have had any surgical operation,
Daily life		
	oowel/stomach affects your da heck for toilets before going so	ily life mewhere, planning my day after toilet visits,
Other Comments	5	Navina [™]