

Constipation Questionnaire

Name: _____ Date of Birth: _____

Date: _____

Did your child pass meconium within the first 24-48 hours of life? Y N

Breast fed? How long?

Age formula introduced?

Age solids introduced?






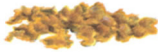

Age toilet trained?

How many servings of fruits and vegetables per day?

How many bowel movements per day?

How often are stools? Every day(s)

Size and Consistency of stools:

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like sausage but with cracks on the surface
Type 4		Like smooth sausage, smooth and soft
Type 5		Soft blobs with clear-cut edges (passes easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces, entirely liquid

Bristol Stool Chart

Is there pain while having a bowel movement? Are there signs that your child fears that having a bowel movement will hurt, such as crossing his or her legs, clenching his or her buttocks, twisting his or her body, or making faces during these maneuvers?

Does your child have abdominal pain at other times?

For toilet trained toddler or older child: Are there traces of liquid or clay-like stool in the child's underwear?

Is there blood on the surface of hard stool?

History of urinary tract infections?

Painful tears in the skin around the anus (anal fissures)?

Intestinal protrusion out of the anus (rectal prolapse)?

How long has your child had difficulty with bowel movements?

Has there been an impact on family life?

Has there been an impact on school life?

What have you tried in the past, such as medications, dietary changes, scheduled sitting, and how have those interventions worked?