Child's Name: «Child_FName» «Child_Lname» #: «Subject_»

WEEK One

Please circle **one** answer that describes each of your child's bowel movements.

DATE:		/ /	/ /	/ /	/ /	/ /	/ /	/ /
		SUNDAY	***MONDAY***	***TUESDAY***	***WEDNESDAY***	***THURSDAY***	***FRIDAY***	***SATURDAY***
How many stools today?		0 (No stool) 1 2-4 4 or more	0 (No stool) 1 2-4 4 or more	0 (No stool) 1 2-4 4 or more	0 (No stool) 1 2-4 4 or more	0 (No stool) 1 2-4 4 or more	0 (No stool) 1 2-4 4 or more	0 (No stool) 1 2-4 4 or more
What was the size of the stool?	BM 1	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large
	BM 2	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large
	BM 3	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large
	BM 4	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large
Did your child strain to pass stool?		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did any bowel movement cause pain or discomfort?		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did your child try to hold back a bowel movement?		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did your child have a stool accident in his/her underpants today?		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did your child use a medication for a bowel movement today (laxative, enema, suppository)?		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
List name and dose of medication								

Comments:

WEEK Two

Please circle **one** answer that describes each of your child's bowel movements.

DATE:		/ /	/ /	/ /	/ /	/ /	/ /	/ /
		SUNDAY	***MONDAY***	***TUESDAY***	***WEDNESDAY***	***THURSDAY***	***FRIDAY***	***SATURDAY***
How many stools today?		0 (No stool) 1 2-4 4 or more	0 (No stool) 1 2-4 4 or more	0 (No stool) 1 2-4 4 or more	0 (No stool) 1 2-4 4 or more	0 (No stool) 1 2-4 4 or more	0 (No stool) 1 2-4 4 or more	0 (No stool) 1 2-4 4 or more
What was the size of the stool?	BM 1	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large
	BM 2	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large
	BM 3	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large
	BM 4	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large	Normal Very Large
Did your child strain to pass stool?		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did any bowel movement cause pain or discomfort?		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did your child try to hold back a bowel movement?		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did your child have a stool accident in his/her underpants today?		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did your child use a medication for a bowel movement today (laxative, enema, suppository)?		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
List name and dose of medication								

Comments:

BOWEL HABIT QUESTIONNAIRE
Questionnaire

Subject Number:

Parent's name: _____ Child's name: _____

Home phone: _____ Cell phone: _____

Address: _____ City, Zip _____

TODAY'S DATE:_____

1) During the **past two weeks**, how often would you say your child had a bowel movement?
Please check only one.

☐At least once daily ☐Every other day ☐Less than 3 times each week ☐Not sure

2) How often does your child have these problems with bowel movements.
Place an X in the correct box.

	Never	Less than 25% of the time	25-50% of the time	More than 50% of the time	Not Sure
Straining					
Avoidance (Holding back)					
Discomfort (pain)					
Very large/huge stools					

3) Has your child had a stool accident in his/her underpants **within the past 2 weeks**? ☐Yes ☐No ☐Not sure

4) Has your child used a laxative or stool softener **within the past 2 weeks**? ☐Yes ☐No

5) In the past year, has your child used a weekly laxative or stool softener for 2 or more months? ☐Yes ☐No

6) Has your child used an enema or suppository **within the past 2 weeks**? ☐Yes ☐No

7) Has your child used an enema or suppository more than once in the past year? ☐Yes ☐No

8) In the past year, have you visited or called a doctor or nurse because of concerns about constipation or frequent stool accidents in your child? ☐Yes ☐No