

Bowel habit questionnaire

In order to monitor your bowel habits and assess how best to manage your symptoms, please complete this short questionnaire about what has been happening to your bowels over the last 4 weeks. Please include your name and the date you completed this form.

Name: _____

Date: ____/____/____

Please tick just one answer for each question

- Never:** No episodes in the last 4 weeks
Rarely: One episode in the last 4 weeks
Sometimes: More than one episode in the last 4 weeks, but less than once a week
Weekly: One or more episodes in the last week, but less than once a day in the last 4 weeks
Daily: One or more episodes a day in the last 4 weeks

	Never	Rarely	Sometimes	Weekly	Daily	Score	
Have you leaked any poo from your back passage?							
Have you leaked any liquid poo from your back passage?							
Have you been unable to control flatus (i.e. passed wind by accident)?							
Have you had to make allowances for your bowel problem, e.g. not been able to go out because you were worried about leakage?							
Have you worn a pad or anal plug in the last 4 weeks?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you taken any constipating medicine tablets in the last 4 weeks?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Final score</i>							

Thank you for completing this questionnaire. If you have any queries about it, please speak to your clinical nurse specialist.

Clinical Admin Team (CAT 3)

Tel: **0118 322 6890**