

**BOWEL CARE SURVEY ADULT**

PT. CODE # \_\_\_\_\_

Bowel care is defined by

- ◆ the cleaning of the body after a bowel movement
- ◆ changing diapers and/or clothing
- ◆ administration of laxatives, suppositories or enemas
- ◆ digital extraction of stool.

Time and effort spent on Bladder Care should not be included in this survey. Performing bladder catheterization or changing of diapers for urine should not be included.

The person who has the primary role of tending to your child's bowel care should fill out this survey.

Please circle or write in appropriate answers.

Section A						
What is your relationship to the patient?	Self	Mother	Father	Foster Mom	Foster Dad	
	Other:					
Does anyone else do your child's bowel care?					YES	NO
If yes, what is their relationship to your child?	Self	Mother	Father	Foster Mom	Foster Dad	
	Other:					
As the primary bowel care person, what percent of the bowel care do you do?					<input type="text"/>	%
Section B						
Please describe your bowel program:						
Do you do this the same time everyday?					YES	NO
If yes, what time?						
Does your child feel/sense the coming of a bowel movement?					YES	NO
What percentage of the time does your child produce a bowel movement into the toilet?					<input type="text"/>	%
How many bowel movements per day does your child have?	1	2	3	4	5	more
How many diaper changes per day for bowel movements (not urine)?	1	2	3	4	5	more
How many bowel accidents (not in toilet) per week does your child have?					<input type="text"/>	
What techniques do you use to produce bowel movements?	None	Digital Extraction		Sitting on the toilet and pushing		
What oral medicines do you use to produce bowel movements?	None	Mineral Oil	Stool Softener	Fiber	Laxatives	
	Other:					
What rectal medicines do you use to produce bowel movements?	None	Theravac enema	Fleet enema	Tap Water enema	suppository	
	Other					
How many minutes per day are needed for your child's bowel care? This includes everything-bowel movements, medicines, diaper changes and clean-up					<input type="text"/>	minutes

Section C		
Do you notice any significant changes in bowel movements with diet?	YES	NO
Is your child sensitive to foods in relation to bowel movements?	YES	NO
Do some foods change your child's bowel movements?	YES	NO
What foods do you try to avoid?		
Have you changed your child's diet to achieve better bowel care?	YES	NO
If so, what have you done with the diet to improve bowel care?		
Does your child have abdominal pain from constipation?	YES	NO
If so, how many episodes per month?	<input type="text"/>	
Has your child ever been admitted to a hospital for constipation?	YES	NO
If so, how many times?	<input type="text"/>	

For the following questions, it is important to distinguish bowel care from urine care. We are particularly interested in bowel care for this survey. Please try to exclude your child's other health issues when answering the questions and please focus on your child's bowel care. Some of the questions pertain to your child's feelings and other questions to your feelings. **Please circle the appropriate answer. If you do not have an answer, please leave it blank.**

Section D.	Never	Almost Never	Some-times	Often	Almost Always
How often does your child's bowel care prevent <u>him/her</u> from going out of the house?	0	1	2	3	4
How often does your child's bowel care prevent you from going out of the house?	0	1	2	3	4
I avoid traveling with my child.	0	1	2	3	4
My child is afraid to go out because of stool incontinence.	0	1	2	3	4

Section E	Not At All	Slightly	Moderately	Very Much (A Lot)
My child's <u>bowel</u> care bothers me.	0	1	2	3
My child's <u>bladder/urine</u> care bothers me.	0	1	2	3
My child's bowel problems make me feel depressed.	0	1	2	3
My child's bowel problems make me feel anxious.	0	1	2	3

<b>Section F</b>	<b>Not At All</b>	<b>Slightly</b>	<b>Moderately</b>	<b>Very Much (A Lot)</b>
My child's bowel problems affect his/her relationship with siblings.	0	1	2	3
My child's bowel problems affect my relationship with my other children.	0	1	2	3
My child's bowel incontinence affects his/her ability to socialize and meet friends.	0	1	2	3
My child's bowel problems affect my relationship with my partner.	0	1	2	3

<b>Section G.</b>	<b>Never</b>	<b>Almost Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Almost Always</b>
I worry about the smell of my child's stool incontinence.	0	1	2	3	4
My child worries about the smell of stool incontinence.	0	1	2	3	4

<b>Section H</b>				
Are you employed?			YES	NO
If no, does your child's bowel care prevent you from working?			YES	NO
	<b>Not At All</b>	<b>Slightly</b>	<b>Moderately</b>	<b>Very Much (A Lot)</b>
If you do work, how much does your child's bowel care affect your job?	0	1	2	3
To what extent does your child's bowel care affect your household tasks?	0	1	2	3
Excluding your child's other health issues, does his/her bowel incontinence affect his/her physical activities (walking, wheelchair sports, etc.)?	0	1	2	3

<b>Section I</b>				
Do you feel that you have exhausted all options for reaching stool continence?			YES	NO
	<b>Not At All</b>	<b>Slightly</b>	<b>Moderately</b>	<b>Very Much (A Lot)</b>
If my child was continent of stool, but the <i>urine</i> continence was <i>unchanged</i> , this would change my life.	0	1	2	3
If my child was continent of stool, but the <i>urine</i> continence was <i>unchanged</i> , this would change his/her life.	0	1	2	3