

Developmental-Behavioral Pediatrics
Partners-in-Healing

CONSTIPATION AND SOILING
PATIENT CARE QUESTIONNAIRE

Child's name _____

Person completing form _____

Date _____

This questionnaire has been designed to help us understand your child's bowel problems, so that we can offer them and you the best possible treatment program. We would appreciate it if you could answer every question to the best of your ability. If there are any you do not understand, please feel free to discuss them with us. The information of course will be kept confidential. Thank you.

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1. Is this child a boy or girl? Boy Girl

2. What is your child's birth date? _____

3. What is your child's grade in school? _____

Name / Location of School?
=====

The following questions pertain to your child during the last 6 months: Please CIRCLE:

4. Does your child now have "accidents" or stool soiling of underclothing?

Yes	No
-----	----

5. On the average, how frequent are your child's "accidents"?

Less than weekly
Once a week
2 or 3 times a week
Daily or more

6. During the last 6 months, have there been any periods without "accidents" for more than 2 weeks?

Yes	No
-----	----

7. What is the most common time of day (or night) for your child to have an "accident" (check one box)
Noon – 3 PM
3 – 6 PM
6-9 PM
Morning
During Sleep
Anytime

8. Does your child have "accidents" while asleep at night?

Never
Sometimes
Often

9. Does your child have "accidents" in school?

Never
Sometimes
Often

10. Does your child ever have "accidents in a car or bus?

Never
Sometimes
Often

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- | | |
|---|--|
| 11. How often (on the average) does your child have a bowel movement on the toilet? | <div style="border: 1px solid black; padding: 5px;">More than once a day
Once a day
Every 2 days
Twice a week
Once a week
Less than weekly
Never</div> |
| 12. Does your child get constipated? | <div style="border: 1px solid black; padding: 5px;">Never (or rarely)
Sometimes
Often</div> |
| 13. Are his/her stools hard? | <div style="border: 1px solid black; padding: 5px;">Never (or rarely)
Sometimes
Often</div> |
| 14. Are his/her stools very large? | <div style="border: 1px solid black; padding: 5px;">Never (or rarely)
Sometimes
Often</div> |
| 15. Have his/her stools ever blocked or or “plugged up” the toilet? | <div style="border: 1px solid black; padding: 5px;">Never
Once or twice
Sometimes
Often</div> |
| 16. Does your child ever need to strain to have a bowel movement? | <div style="border: 1px solid black; padding: 5px;">Never
Sometimes
Often</div> |
| 17. Does your child ever have painful bowel movements? | <div style="border: 1px solid black; padding: 5px;">Never
Sometimes
Often</div> |
| 18. Has your child ever had blood in his/her stools? | <div style="border: 1px solid black; padding: 5px;">Never
Sometimes
Often</div> |
| 19. Does your child have loose or watery stools? | <div style="border: 1px solid black; padding: 5px;">Never
Sometimes
Often</div> |

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20. Which terms best describe your child's "accidents"? (check whichever apply)

Just a stain
Small and loose
Large and loose
"Hard Rocks"
Full bowel movement
Extremely Variable
Mixed with Urine

21. Has your child ever in his/her life had periods of more than a month without any "accidents"?

Yes No

22. Which of these is closest to the age at which your child was finished with bowel training? (check/circle one only)

Never finished
Before 18 mos
18 mos. – 2 yrs.
2 yrs. – 2/12 yrs.
2/12 yrs. – 3 yrs.
3 yrs. – 4 yrs.
4 yrs. – 5 yrs.
After age 5

23. For how long has your child been "messing"? (check/circle one only)

All his/her life
Less than 6 mos.
6-12 mos.
1-3 yrs.
3-5 yrs.
5-7 yrs.
More than 78 yrs.

24. At what age did you start bowel training your child? (check/circle one only)

All his/her life
Less than 6 mos.
6-12 mos.
1-3 yrs.
3-5 yrs.
5-7 yrs.
More than 7 yrs.

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25. How long did it take to complete bowel training? (check/circle one)

Less than a wk
1-4 wks.
1-6 mos.
6-9 mos.
9-12 mos.
More than a yr.
Still not complete

26. How difficult was it to bowel train this child?

Surprisingly easy
Not too difficult
Difficult
“Impossible”

27. Did your child have to be punished for problems with bowel training?

Never
Occasionally
Often

28. Was your child rewarded or highly praised for good results during bowel training?

Never
Occasionally
Often

29. Did bowel training have to stop and start again?

Yes No

30. Were there any domestic problems at home during the time of bowel training?

No
Moderate
Serious

31. Was there a brother or sister born at or near the time of bowel training?

No
Moderate
Serious

32. Was this child having a problem with constipation at the time of bowel training?

Yes No

33. Was this child complaining or “bellyaches” at the time of bowel training?

Yes No

34. Was a potty chair used?

Yes No

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35. Was the child ever trained on a regular toilet with his/her feet dangling?

Yes No

36. Did the child ever express fear of the toilet during training?

Yes No

37. At what age did this child become completely dry at night (trained for urine) ?

Under 18 mos.
18-24 mos.
2-4 yrs.
4-5 yrs.
Over 5 yrs.
Still wet

38. Did this child ever show any of the following during the first two years of life?
(Check/circle all that apply)

Hard stools
Colic
Difficult bowel move
Spitting up
Excessive crying
Trouble sleeping
Bloody stools
Diarrhea
Bad diaper rash
Feeding Problems

39. During the first 2 years of life, did your child have any of these “treatments” for any stomach or bowel problems?
(Check/circle all that apply)

Mineral oil
Laxatives
Suppositories
Enemas
Surgery
Hospitalization
Formula changes
Special diet(s)
Finger to stretch rectum

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40. What kinds of examinations or tests have been done on your child to find out about his/her bowel problems?
(Check/circle all that apply)

None
Doctor's check up
Barium enema
Rectal biopsy
Hospitalization
Psychological tests
Psychiatry evaluation
Rectal pressure test

41. What kinds of "treatments" have been used to fix this bowel problem?
(Check/circle all that apply)

None
Hospitalization
Enemas at home
Suppositories
Miner oil
Regular use of toilet
Medicine to slow bowels
Special diet
Psychotherapy

42. What are some of the practices you have tried in coping with this problem?

None
Child wash own underwear
Punishment
Reward system
Child wash own body after messing

Please note here any other treatments you have used or tests that have been done:

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Which of the following pertain(s) to your child's use of the bathroom during the last 2 years?

43. Does not like to sit on the toilet.

Never true
Used to be true
True now

44. Does not like to use bathroom at school.

Never true
Used to be true
True now

43. Tends to rush in and out of bathroom
(spends very little time on toilet)

Never true
Used to be true
True now

44. Avoids or refuses to use bathroom away
from home.

Never true
Used to be true
True now

45. Does not like to flush the toilet.

Never true
Used to be true
True now

46. Expresses fear of the toilet.

Never true
Used to be true
True now

47. Waits until the last minute to urinate.

Never true
Used to be true
True now

48. Sometimes wets underwear during the day.

Never true
Used to be true
True now

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Please note any other problems or concerns about going to the bathroom:

Which of the following describe your child's own handling or his/her bowel problems?
(check/circle all that apply)

49. Denies it's a problem.

True	False
------	-------

50. Hides dirty underwear sometimes

True	False
------	-------

51. Does not want to change underwear after
an "accident".

True	False
------	-------

52. Gets upset after an accident.

True	False
------	-------

53. Child says doesn't know when he/she
needs to go to the bathroom

True	False
------	-------

54. Does your child get made fun of by other
children because of this problem?

Never
Occasionally
Often

55. Does your child know any other children
who have the same problem?

Yes	No
-----	----

56. Do you know of any other children who
have this problem?

Yes	No
-----	----

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57. Does this bowel problem cause disagreement or conflict in your family?

Never
Sometimes
Often

58. Which of these do you suspect is the major cause of your child's bowel problem? (Check/circle one only)

Emotional Problem
Physical or Medical
Emotional & Physical

Medical problem with training troubles at home

Other cause
Have no idea

Which of the following do you believe causes your child to have "accidents"?
(check all that apply)

- 59. Laziness
- 60. Carelessness
- 61. Desire to get attention
- 62. Desire to make parent(s) angry
- 63. Stress of anxiety
- 64. Eating certain foods
- 65. Refusal to use the bathroom (stubbornness)
- 66. Unknown causes beyond child's control
- 67. Weak bowel muscles
- 68. Hyperactivity
- 69. Reluctance to "grow up"

Please list any other causes you suspect below:

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70. Do bowel problems run in your family?

Yes	No
-----	----

Please check off any of the following that pertain to your family or child.

71. Child's "rank in family

Oldest 2 nd Oldest 3 rd Oldest 4 th Oldest 5 th Oldest 6 th or more Oldest Youngest Only Child
--

72. Child is adopted

Yes	No
-----	----

73. Parents are separated

Yes	No
-----	----

74. Parents are divorced

Yes	No
-----	----

75. Mother and/or father remarried (underline which one)

Yes	No
-----	----

76. Mother's age

Under 20 20-25 25-30 30-35 35-40 Over 45

77. Father's age

Under 20 20-25 25-30 30-35 35-40 Over 45

78. Mother's Occupation: _____

79. Father's Occupation: _____

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80. How far has this child's mother gone in her education?

Below High School
Attended High School
Finished High School
Vocational School
Attended College
Finished College
Attended Graduate School
Finished Graduate School

81. How far has this child's father gone in his education?

Below High School
Attended High School
Finished High School
Vocational School
Attended College
Finished College
Attended Graduate School
Finished Graduate School

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	<p>The following is a list of kinds of behavior</p> <p>Please check of whether or not each of these applies to your child.</p>	Does not apply	Applies somewhat	Definitely applies
82	His/her body is in constant motion.			
83	His/her body is underactive.			
84	His/her mind seems overactive.			
85	He/she has trouble sitting through a meal.			
86	He/she does things without thinking.			
87	She/she starts things, but doesn't finish them.			
88	At times, he/she doesn't seem to hear what you say.			
89	He/she does things in the wrong order.			
90	He/she doesn't realize when he/she has made a mistake			
91	He/she has trouble <u>falling</u> asleep at night.			
92	He/she has trouble <u>staying</u> asleep at night.			
93	He/she yawns often during the day.			
94	He/she breaks things around the home.			
95	He/she seems to do things the hard way.			
96	He/she stares at things for long periods.			
97	He/she listens to outside noises for long periods.			
98	He/she gets distracted easily.			

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	The following is a list of kinds of behavior or possible behavior problems. Please check off whether or not each of these applies to your child.	Does not apply	Applies somewhat	Definitely applies
99	He/she likes to keep changing games			
100	He/she is hard to control on a long car trip.			
101	He/she can't keep his/her hand to himself/herself.			
102	He/she seems to want things all the time. (is seldom satisfied)			
103	Tells lies			
104	Steals things at home			
105	Steals things away from home			
106	Often plays with matches			
107	Smokes cigarettes			
108	Uses foul language			
109	Bullies other children			
110	Destroys objects at home			
111	Destroys objects away from home			
112	Disobeys adults			
113	Is fearless			
114	Cheats in games			

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	The following is a list of possible behavior problems. Please check off whether or not each of these applies to your child.	Does not apply	Applies somewhat	Definitely applies
115	Skips school			
116	Gets in trouble with neighbors			
117	Is cruel to animals			
118	Is moody			
119	Has a bad temper			
120	Cries easily			
121	Is a worrier			
122	Has bad dreams			
123	Is often sad			
124	Sleeps (or tries to sleep) with parents			
125	Is often very quiet			
126	Whines often			
127	Has many fears			
128	Is often tired			
129	Stutters or stammers			
130	Wets bed or pants			
131	Often has headaches			
132	Soils underwear or has "accidents" with bowel movements			
133	Over eats often			

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	The following is a list of possible behavior problems. Please check off whether or not each of these applies to your child.	Does not apply	Applies somewhat	Definitely applies
134	Bites nails			
135	Sucks thumbs			
136	Has nervous twitches			
137	Complains of feeling ill often			
138	Has constipation			
139	Is too often too neat or orderly			
140	Is often too concerned about cleanliness			
141	Is a loner			
142	Loses friends easily			
143	Has mostly younger friends			
144	Has mostly older friends			
145	Has mostly friends of the opposite sex			
146	Has no best friend			
147	Prefers adults as friends			
148	Gets picked on			
149	Gets jealous easily			
150	Is not liked by other children			
151	Is slow to make friends			

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	The following is a list of possible behavior problems. Please check off whether or not each of these applies to your child.	Does not apply	Applies somewhat	Definitely applies
152	Likes to act like children of the opposite sex			
153	Likes to wear cloths of the opposite sex			
154	Constantly fights with brothers or sisters			
155	Often watches TV alone in the afternoons			

If your child is in school, please complete this table:

		Excellent	Good	Fair	Poor
156	Reading				
157	Spelling				
158	Arithmetic				
159	Writing				
160	Behavior in school				
151	Sports				
162	Attendance record				

THANK YOU

Developmental- Behavioral Pediatrics

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