## 2. Bowel Function

### PATIENT SECTION

#### 2.1 What method/s do you usually use to empty your bowel?

- [ ] Spontaneous/voluntary evacuation
- [ ] Reflex stimulation with evacuation using following:
  - [ ] Enema OR [ ] Suppository AND/OR [ ] Digital stimulation
  - [ ] Manual evacuation
  - [ ] Other (eg. Colostomy, sacral stimulator)

Please describe details ____________________________________________

__________________________________________________________________

#### 2.2 How often do you empty your bowels?

- [ ] Daily  
- [ ] Every Second Day  
- [ ] 3x weekly (ie. Mon, Wed, Friday)
- [ ] Other (eg. more than once daily, irregular pattern)

If other, please describe _________________________________________

__________________________________________________________________

When do you or your carer perform bowel program?  [ ] AM  [ ] PM

#### 2.3 On a typical day, how long does your bowel program take?

- [ ] 0-15 mins
- [ ] 15-30 mins
- [ ] 30-45 mins
- [ ] 45-60 mins
- [ ] >1 hr

#### 2.4 What is your stool consistency usually like?

- [ ] Smooth, well formed motions
- [ ] Hard, formed or separate lumps
- [ ] Soft, poorly formed or loose
- [ ] Both hard and soft segments
- [ ] Other

Please describe details ____________________________________________

__________________________________________________________________

#### 2.5 Do you take any oral medications for your bowels?  [ ] Yes  [ ] No

- [ ] None required, diet only
- [ ] Bulking agents (eg. Psyllium husks, Metamucil, Normafibe, Normacol)
- [ ] Stool softeners (eg. Coloxyl, Lactulose, Movicol)
- [ ] Irritant cathartics (eg. Sennakot, Bisacodyl)
- [ ] Other

Please describe details ____________________________________________

__________________________________________________________________

#### 2.6 Has your diet changed recently?  [ ] Yes  [ ] No

How many serves of fruit do you have a day?  ________________

How many serves of vegetable do you have a day?  ________________

#### 2.7 Do you use the gastro-colic reflex to assist emptying (ie. Attend to bowel care 20-45 minutes after a meal)?  [ ] Yes  [ ] No
2.8 Has your bowel pattern changed significantly in the last year?
- Yes
- No
Please provide details ____________________________

Have you lost a substantial amount of weight in the last year?
- Yes
- No
If YES, ________ (amount in kg)

2.9 Is there any history of bowel disease in your family (e.g., inflammatory bowel disease, cancer)?
- Yes
- No
If YES, provide details ____________________________

2.10 Have you experienced any of the following problems recently?
- Constipation?
- Bowel accidents/ faecal incontinence?
- Required increased amounts of laxatives?
- Sweating, headache or rash during bowel care?
- Bleeding during or after bowel evacuation?
- Rectal discomfort or mucus discharge after evacuation?
- Abdominal bloating or cramping pain?
- Nausea or vomiting?
- Reflux/ Heartburn (burning discomfort in chest, acid taste in mouth) after meals, when leaning forward or lying flat?
- Are these symptoms relieved by milk or antacids?
- Other ____________________________
Please provide details ____________________________

Findings on physical examination:

Haemorrhoids Stage _________

2.11 Do bowel problems ever stop you from going out?
- Yes
- No
If YES, provide details ____________________________

5 These symptoms may indicate the occurrence of autonomic dysreflexia. Please see next section for further details.