2. Bowel Function

PATIENT SECTION	GP/NURSE 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 _____	
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 medications 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	

Copyright to Spinal Outreach Service, 2007

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 (eg. inflammatory bowel disease, cancer)? ☐ Yes ☐ No If YES, provide details _____ _____ **Have you ever had a colonoscopy?** ☐ Yes ☐ No ☐ Unsure	☐ Date of last colonoscopy _____/_____/_____ ☐ Review results ☐ Refer to colorectal surgeon/gastroenterologist if high index of suspicion
2.10 Have you experienced any of the following problems recently? Constipation? ☐ Yes ☐ No Bowel accidents/faecal incontinence? ☐ Yes ☐ No Required increased amounts of laxatives? ☐ Yes ☐ No Sweating, headache or rash during bowel care?[5] ☐ Yes ☐ No Bleeding during or after bowel evacuation? ☐ Yes ☐ No Rectal discomfort or mucus discharge after evacuation? ☐ Yes ☐ No Abdominal bloating or cramping pain? ☐ Yes ☐ No Nausea or vomiting? ☐ Yes ☐ No Reflux/Heartburn (burning discomfort in chest, acid taste in mouth) after meals, when leaning forward or lying flat? ☐ Yes ☐ No Are these symptoms relieved by milk or antacids? ☐ Yes ☐ No ☐ 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.

Copyright to Spinal Outreach Service, 2007