Patient's Name:	Date

CONSTIPATION

Normal		
 What are your normal bowel habits? Explore patient's 		
	definition of constipation.	
Or	set	
•	When did change in bowel habits begin?	
•	When was your last bowel movement? When was your	
	bowel movement prior to this one?	
Pr	ovoking / Palliating	
•	What makes the stools harder/softer, watery, more/ or less	
	frequent?	
•	What has your diet been like? What are you drinking?	
_	Eating? How much?	
<u>•</u>	How active are you? (% of day spent in bed or chair)	
لال	Describe your last howel movement amount	
•	Describe your last bowel movement – amount, consistency, colour	
•	Passing flatus? Is straining required to pass stool?	
•	Any blood or mucus in your stool?	
Region / Radiation		
•	N/A	
Se	verity / Other Symptoms	
•	How bothered are you by this symptom? (on a scale of 0 –	
	10, with 0 being not at all to 10 being the worst	
	imaginable)	
•	Have you been experiencing any:	
	- Abdominal distention, cramping, severe pain, nausea	
	or vomiting → possible bowel obstruction	
	 Sensory loss, +/- motor weakness, urinary changes 	
	such as incontinence or difficulty emptying your	
	bladder→ possible spinal cord compression	
	- Diarrhea accompanying constipation→ possible	
	leaking around fecal impaction	
	- Rectal bleeding or pain	
Tr	- Loss of appetite	
•	What medications or treatments have you tried? Has this	
•	been effective? Has the patient been prescribed a bowel	
	management protocol? If so, what step?	
•	What tests have been done?	
•	Any previous impactions since diagnosis?	
Ur	derstanding / Impact on You	
•	Have your symptoms been interfering with your normal	
	daily activities (ADLs)? How bothered are you?	
Value		
•	What do you believe is causing your constipation?	

Created: January, 2010 Revised: October, 2018