## CONSTIPATION

### Normal
- What are your normal bowel habits? Explore patient’s definition of constipation.

### Onset
- When did change in bowel habits begin?
- When was your last bowel movement? When was your bowel movement prior to this one?

### Provoking / 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?
- How active are you? (% of day spent in bed or chair)

### Quality
- 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

### Severity / 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
  - Loss of appetite

### Treatment
- 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?

### Understanding / 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?

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