



## Neurogenic Bowel Dysfunction Questionnaire For the Pediatric Customer

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Customer Name: \_\_\_\_\_ DOB: \_\_\_\_\_ RIN: \_\_\_\_\_

Check the box that most accurately answers the question. This should be completed by the customer, in conjunction with the customer, or by the caregiver if the customer cannot provide constructive input.

1. How would you rate your overall health status?

- Excellent or very good
- Good
- Fine
- Poor

2. How would you rate your general health today compared to a year ago?

- Much better, better, or the same
- Worse
- Much worse

3. Does a parent or caregiver have to assist you with your regular bowel routine?

- No
- Yes, they have to help me some
- Yes, they have to do everything for me

4. Do you use a wheelchair to get around daily?

- No
- Yes

5. In general how controlled do you think your bowels are?

- Very well
- Well
- Fine
- Poorly
- Not all

6. On average how often are you having a bowel movement?

- Daily
- More than once a day or every other day
- Less than 4 times a week








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7. Using the graphic below what type best describes the bowel movement you most commonly pass?

- Type 3
- Type 2 or 4
- Type 1 or 5 or hard to tell with bowel movement in a diaper

<b>1</b>		Separate hard lumps, like nuts (hard to pass)
<b>2</b>		Sausage-shaped but lumpy
<b>3</b>		Like a sausage or snake, smooth and soft
<b>4</b>		Fluffy pieces with ragged edges, a mushy stool
<b>5</b>		Watery, no solid pieces

8. How often do you have stool accidents?

- Never
- A few times a month
- Daily
- More than once a day

9. Do you wear a diaper for stool accidents?

- Never
- Yes, occasionally
- Yes, everyday

10. How often does it hurt for you to have a bowel movement?

- Never
- Rarely
- Sometimes
- Usually
- Always



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11. Do you currently have any rashes or cuts on your bottom?

- No
- Yes

12. How often does the current management of your stool interfere with your recreational, social, or family activities?

- Never
- Rarely
- Sometimes
- Usually
- Always

13. How often does the frequency of your bowel movements affect your recreational, social, and family activities?

- Never
- Rarely
- Sometimes
- Usually
- Always

14. How bothersome is it to you to have stool accidents or chronic constipation?

- Not bothersome
- A little bothersome
- Somewhat bothersome
- Very bothersome

15. Do you feel that your current medications or bowel management techniques help you with your bowels?

- A whole lot
- A lot
- Some
- Not much
- Never

Name of person completing this form: \_\_\_\_\_

(Please Print)

Relationship to customer if customer is not completing this form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_