Bowel Symptom Checklist & Record Chart

Please check all the symptoms that describe your child, add any notes you think will be helpful, and share this information with your child’s PCP to aid in diagnosis.

# Diagnostic Criteria for Functional Constipation:

* At least one poop accident per week
* Less than 3 BMs in toilet every week
* History of withholding or posturing
* Painful or hard BMs
* Large/wide BMs that could clog the toilet

Red ﬂags:

* Straining or avoiding pooping due to discomfort
* Frequent small BMs (could be very hard or very soft)
* Smears or streaks in underwear or pull-up
* Mixed consistency (some poop is very hard, some is very soft or liquid)
* Very narrow (pencil-width) poops
* Frequent belly pain/discomfort
* Unaware of need to poop
* Unaware of odor of BM
* Poop accidents while sleeping
* Stool leakage when passing gas
* BMs that are round rather than “log-shaped”

Yellow ﬂags:

* Round/hard belly
* Foul smelling poops
* Excessive gas
* Low appetite
* Picky eater
* Many small pees per day
* History of urinary tract infections
* Itching/digging at rectum
* Diﬃcult to clean after stooling or seems not to clean self well

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Day 7** |  |  |  |  |  |  | **Toilet Independence**I – Independent (went without being asked)P – Prompted (told to go sit) |
| **Day 6** |  |  |  |  |  |  |
| **Day 5** |  |  |  |  |  |  |
| **Day 4** |  |  |  |  |  |  | **Toilet or Diaper/ Underpants?**Toilet – T Diaper/ Underpants - D |
| **Day 3** |  |  |  |  |  |  |
| **Day 2** |  |  |  |  |  |  | **Consistency:**See Bristol Stool Scale (#1-7) |
| **Day 1** |  |  |  |  |  |  |
| **Example**W, 4/18 | 8:15 AMS, 5, D | 11:45 AML, 4, T, P | 7:00 PML, 7, T, I |  | Y, 2 times | Y | **Size:**Small – SMedium – MLarge - L |
|  | **BM 1**Time: | **BM 2**Time | **BM 3**Time | **BM 4**Time | **Smears/ Leaks? Y/N** | **Medication Given Y/N** |  |

