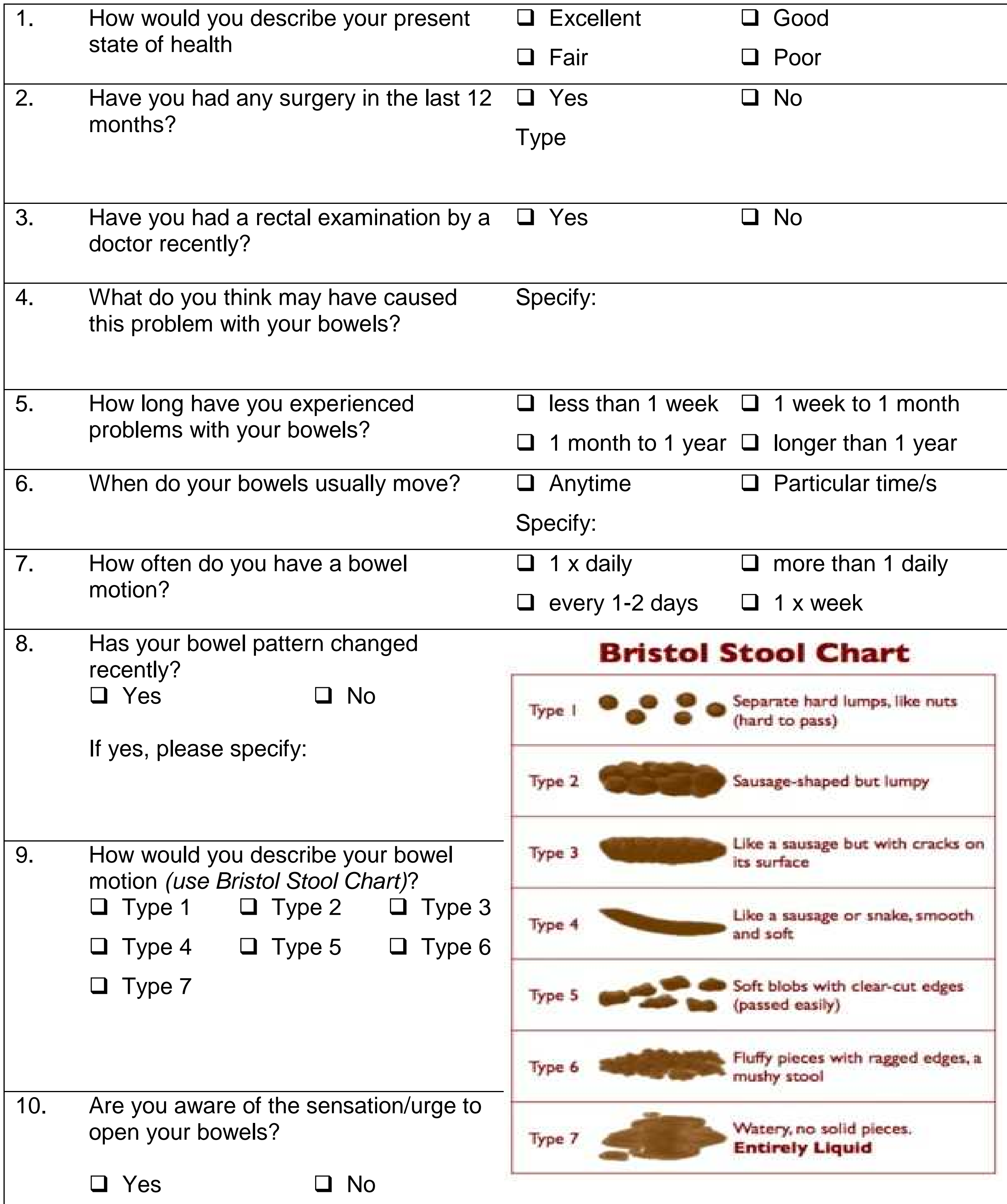
Waitemata
District Health Board
Te Wai Awhina

Ostomy & Continence

First Name: ______________________	Gender: __________
Surname: ______________________	
AFFIX PATIENT LABEL HERE	
Date of Birth: ______________________	NHI#: ______________
Ward/Clinic:	Consultant:

Bowel Assessment



1.	How would you describe your present state of health	❑ Excellent ❑ Fair	❑ Good ❑ Poor
2.	Have you had any surgery in the last 12 months?	❑ Yes Type	❑ No
3.	Have you had a rectal examination by a doctor recently?	❑ Yes	❑ No
4.	What do you think may have caused this problem with your bowels?	Specify:	
5.	How long have you experienced problems with your bowels?	❑ less than 1 week ❑ 1 month to 1 year	❑ 1 week to 1 month ❑ longer than 1 year
6.	When do your bowels usually move?	❑ Anytime Specify:	❑ Particular time/s
7.	How often do you have a bowel motion?	❑ 1 x daily ❑ every 1-2 days	❑ more than 1 daily ❑ 1 x week
8.	Has your bowel pattern changed recently? ❑ Yes ❑ No If yes, please specify:		
9.	How would you describe your bowel motion *(use Bristol Stool Chart)*? ❑ Type 1 ❑ Type 2 ❑ Type 3 ❑ Type 4 ❑ Type 5 ❑ Type 6 ❑ Type 7		
10.	Are you aware of the sensation/urge to open your bowels? ❑ Yes ❑ No		

Bristol Stool Chart

Type 1	Separate hard lumps, like nuts (hard to pass)
Type 2	Sausage-shaped but lumpy
Type 3	Like a sausage but with cracks on its surface
Type 4	Like a sausage or snake, smooth and soft
Type 5	Soft blobs with clear-cut edges (passed easily)
Type 6	Fluffy pieces with ragged edges, a mushy stool
Type 7	Watery, no solid pieces. **Entirely Liquid**

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11.	Have you had any weight change? If so how much? --------------	❑ Yes ❑ No Present weight *(kgs)* _____________	
12.	Do you have any trouble emptying your bowels? ❑ Yes ❑ No	If Yes: ❑ Need to strain ❑ Unable to empty completely ❑ Hard stools ❑ Need to use laxatives/ enemas	
13.	Do you use laxatives?	❑ Yes ❑ No If yes – Type ------------------------------	
14,	How often do you use a laxative?	❑ Daily ❑ Weekly ❑ Monthly ❑ Other:	
15.	How much fluid have you had to drink in the last 24 hours? Is this normal for you?		
16.	Has there been a change in your diet recently?	❑ Yes ❑ No Specify:	
17.	Has there been a change in the amount of exercise you had in the last week/s?	❑ Yes ❑ No Specify:	
18.	What medications/health supplements are you currently on? Are you aware of any medicine you take that cause you constipation/diarrhoea?		
19.	Have there been any changes to your medications in the last week/s?	❑ Yes ❑ No	
20.	Have you ever noticed blood in your motion? Has it ever been black or tarry?	❑ Yes ❑ No	
Signature		Date	
Name		Designation	

Bowel Assessment

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Ostomy & Continence

Faecal Incontinence Assessment

Question	Response
1. When you need to open your bowels, do you have to hurry?	❑ Yes ❑ No ❑ Varies
2. If yes, how long can you usually hang on?	❑ Under 2 mins ❑ 2 - 4 mins ❑ 5 -10 mins ❑ Over 10 mins ❑ Varies
3. Do you ever **not get to the toilet in time** and have a bowel accident?	❑ Never ❑ Vary rarely *No accidents in past 4 weeks but happens sometimes* ❑ Rarely *1 accident in past 4 weeks* ❑ Sometimes *> 1 accident in the past 4 weeks but not in 1 week* ❑ Weekly *1 or more accidents per week but not every day* ❑ Daily *1 or more accidents a day*
4. If you have accidents on the way to the toilet, does this depend on how hard your stools are?	❑ Yes ❑ No
5. Can you control wind (flatus)?	❑ Always ❑ Usually ❑ Sometimes ❑ Never
6. Do you get any soiling **after you have opened your bowels?**	❑ Never ❑ Vary rarely *No leakage in past 4 weeks but happens sometimes* ❑ Rarely *1 episode in past 4 weeks* ❑ Sometimes *> 1 episode in the past 4 weeks but not in last week* ❑ Weekly *1 or more episodes per week but not every day* ❑ Daily *1 or more episodes a day*
7. Do you get any leakage at other times (**not** when you need to go and **not** after you have opened your bowels)	❑ Never ❑ Vary rarely *No leakage in past 4 weeks but happens sometimes* ❑ Rarely *1 episode in past 4 weeks* ❑ Sometimes *> 1 episode in the past 4 weeks but not in last week* ❑ Weekly *1 or more episodes per week but not every day* ❑ Daily *1 or more episodes a day*
8. When does this leakage occur?	❑ At night in bed ❑ When walking ❑ When bending or lifting ❑ During sport or exercise ❑ Anytime, no pattern

Faecal Incontinence Assessment

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Faecal Incontinence Assessment

9.	If you get any type of bowel accidents or leakage, is this	❑ Loss of solid stool ❑ Loss of liquid stool ❑ Loss of mucous	
10.	If you get any leakage or bowel accidents, is this	❑ Minor stain only *leakage just between buttocks or marks on pants* ❑ Small *about a teaspoon full* ❑ Moderate *about a tablespoon ful* ❑ Large *large patch or whole bowel motion*	
11	Do you need to wear a pad because of bowel leakage?	❑ Never ❑ Usually	❑ Sometimes ❑ Always
12.	If you wear a pad, is this	❑ Small pantyliner ❑ Sanitary towel size ❑ Incontinence pad	
13.	Do you feel that your bowel control currently restricts your life?	❑ Not at all ❑ Quite a lot	❑ A little A great deal
14.	In what ways does your bowel control restrict your life?		

Signature	Date
Name	Designation

Faecal Incontinence Assessment