

# Core Dynamics Physical Therapy

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200 ENGLE STREET, SUITE 20 ENGLEWOOD, NJ 07631 • Ph: 201-568-5060 • Fax 201-568-5061

## Assessment Questionnaire – BOWEL

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Siblings Name & Ages: \_\_\_\_\_

### PRIMARY PROBLEM- BOWEL:

Describe the problem in your own words: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

When did the problem begin? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

My problem occurs during: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Frequency of problem: (mark an X if the item is answered yes)

- |                             |          |           |            |
|-----------------------------|----------|-----------|------------|
| <input type="radio"/> Day   | ___x/day | ___x/week | ___x/month |
| <input type="radio"/> Night | ___x/day | ___x/week | ___x/month |

Quality of Bowel Movement:

- Hard
- Solid/soft
- Liquid

Shape of Bowel Movement:

- Pellets/rocks
- Ribbon like
- Round/firm formed

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## Toileting Frequency:

Day: every \_\_\_\_hour \_\_\_\_2 hours \_\_\_\_3-4 hours \_\_\_\_5 hours or more  
Night: times/night \_\_\_\_none \_\_\_\_1 \_\_\_\_2 \_\_\_\_3 \_\_\_\_other

## Fluid Intake:

# of 8 Ounce glasses \_\_\_\_\_breakfast \_\_\_\_\_lunch \_\_\_\_\_dinner \_\_\_\_\_bed

Types of Fluids: \_\_\_\_\_

## Uncontrolled Loss of Bowel Movement:

- Staining of underwear
- Solid stool loss
- Liquid stool loss
- Gas loss

## Constipation:

- Strain with bowel movement
- Pain with bowel movement
- Laxative use
- Enema
- Feeling of incomplete emptying
- Gas loss

## Diarrhea:

- After eating \_\_\_\_\_frequency

## Associated Symptoms:

- Nausea
- Bloating
- Belching
- Vomiting
- Indigestion
- Appetite loss
- Trouble swallowing
- Full feeling after a few bites (continued on next page)



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\_\_\_\_\_

○ Medications List: \_\_\_\_\_

\_\_\_\_\_

Family History:

Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Siblings: \_\_\_\_\_

Toilet trained:

- Bladder at \_\_\_\_\_ yr/ old
- Bowel at \_\_\_\_\_ yr /old