

c. ____ 10-less than 20

d. ____ 20-less than 30

e. ____ 30-less than 40

e. ____ 40-less than 50

f. ____ 50-less than 60

g. ____ 60-less than 70

h. ____ 70 or older

3. What is your **current age**? _____

4. How many bowel movements do you usually have daily?

a. ____ less than 1x daily

b. ____ 1x daily

c. ____ 1-2x every day

d. ____ 3-4x every day

e. ____ 5 or more daily

5. Do you think this problem started **after taking a medication**?

a. ____ yes

If yes, please identify the medication _____.

b. _____no

6. Do you think your problem started **after having an acute illness**?

a. _____yes

If yes, what type of illness was this and when did this occur?

b. _____no

c. _____unknown, can't remember

7. Did you have **any surgical procedure before** you started having the increased bowel movements?

a. _____yes

If yes, what surgery did you have?_____

b. _____no

8. Do most of your bowel movements occur when you have **not** eaten or have been fasting?

a. _____yes

b. _____no

9. Do you frequently have to get up at **night** to have a bowel movement?

a. _____yes

b. _____no

10. Why do you think you have frequent bowel movements? (check all that apply).

a. _____ not sure

b. _____with eating

c. _____stressful situations

d. _____other_____

11. Do you think your increased bowel movements are **only associated with stressful situations**?

a. _____yes

b. _____no

12. What percentage of the increased bowel movement episodes that you have**each week** is due to**only stress**?

a. _____not applicable, I do not have bowel movements due to stress.

b. _____not applicable, I do not have episodes associated with stress weekly

c. _____less than 25%

d. _____ at least 25% but less than 50%

e. _____at least 50% but less than 75%

f. _____more than 75%

13. **During the last week**, how many bowel movements did you have that you thought were ***due to only stress?***

a. _____not applicable, I do not have bowel movements associated with stress

b. _____none

c. _____1-2

d. _____3-4

e. _____5 or more

14. What **percentage** of these bowel movements that were ***due to stress*** weremushy, **without form, or all water?**

a. _____not applicable, I do not have bowel movements due to stress

b. _____0%

c. _____less than 25%

d. _____ at least 25% but less than 50%

e. _____at least 50% but less than 75%

f. _____more than 75%

15. What stressful activities or situations often precipitate the increased bowel movements? Please use the lines below to describe these:

16. Do you think the increased bowel movements may be related to **both eating and stress**?

a. _____yes

b. _____no, I have never seen it occurring after eating. (Skip to Question # 36)

17. Do your increased bowel movements **occur *only* after breakfast**?

a. _____yes

b. _____no

18. If yes, does this happen even when you **change your breakfast meal**?

a. _____yes

b. _____no, it does not happen when I eat a different meal for breakfast

c. _____not applicable. My episodes do not occur just after breakfast.

19. Do you have increased bowel movements **after other meals** besides breakfast?

a. _____yes

b. _____no

20. Do you have to eat a certain type of meal or food to have an episode of increased bowel movements or does this happen with anything that you eat? (check all that apply).

- a. _____ It happens every time that I eat.
- b. _____ It happens only sporadically when I eat.
- c. _____ I do not know when it will occur.
- d. _____ I frequently can guess when it might occur if I eat a particular substance or meal that acts like a “laxative”.

Questions 21-35 will be directed toward those meals which are acting like a laxative, causing you to have increased bowel movements.

21. What percentage of the increased bowel movements that you have **each week** is due to **only eating something (versus stress induced)**?

- a. _____ less than 25%
- b. _____ at least 25% but less than 50%
- c. _____ at least 50% but less than 75%
- d. _____ more than 75%

22. During an **average week**, how **many** episodes of increased bowel movements after **eating**(versus stress) do you typically experience?

- a. _____ less than 1
- b. _____ 1-2 usually
- c. _____ 3-4 usually
- d. _____ 5 or more usually

23. How **many** bowel movements do you usually have **after eating** (a certain food or meal that is acting like a “laxative”) when you have an acute episode?

a. _____ not applicable, bowel movements don't correlate to eating.

a. _____ less than 1

b. _____ 1-2 usually

c. _____ 3-4 usually

d. _____ 5 or more usually

24. What percentage of these movements **after eating** is **mushy, without form,** or all water?

a. _____0%

b. _____less than 25%

c. _____ at least 25% but less than 50%

d. _____at least 50% but less than 75%

e. _____more than 75%

25. Are you able to **identify certain foods** that cause you to have increased bowel movements?

a. _____yes

b. _____no

26. What percentage of the time can you **accurately predict** which food(s), fruit(s), liquid(s), or meal types are going to cause you to have increased bowel movements?

- a. _____0%
- b. _____less than 25%
- c. _____ at least 25% but less than 50%
- d. _____at least 50% but less than 75%
- e. _____more than 75%

27. What percentage of the increased bowel movement episodes that you have each week is due **only to a specific food “trigger” or meal type?**

- a. _____0%
- b. _____less than 25%
- c. _____ at least 25% but less than 50%
- d. _____at least 50% but less than 75%
- e. _____more than 75%

28. How **much quantity of food or of the “worst triggers”** do you need to eat/consume to result in an “attack”?

- a. _____Don't know
- b. _____Very small amount: (less than a tablespoon), 1-2 bites.

c. ____ Medium amount: several bites or at least 1 cup.

d. ____ Large amount: several cupfuls

e. ____ Regular Meal size

29. How **soon do you start to feel** your stomach get upset, “rumbling”, having cramps, or knowing that you have to find the bathroom urgently **after eating**?

a. ____ within 15 minutes of eating

b. ____ more than 15, but less than 30 minutes

c. ____ more than 30, but less than 1 hour

d. ____ more than 1 hour, but less than 2 hours

e. ____ more than 2 hours, but less than 4

f. ____ more than 4 hours, but less than 6

g. ____ more than 6 hours, but less than 12

h. ____ more than 12 hours, but less than 24

i. ____ more than 24 hours

30. Once you start experiencing an attack **after eating**, how **long does the average episode last**?

a. ____ less than 15 minutes

b. ____ more than 15, but less than 30 minutes

c. _____ more than 30, but less than 1 hour

d. _____ more than 1 hr, but less than 2 hours

e. _____ more than 2 hours, but less than 4

f. _____ more than 4 hours, but less than 6

g. _____ more than 6 hours, but less than 12

h. _____ more than 12 hours, but less than 24

i. _____ more than 24 hrs, but less than 2 days

j. _____ more than 2 days, but less than 1 week

k. _____ more than 1 week

31. During an **average week**, how often do you **skip meals** because you are afraid you will have an episode of increased bowel movements?

a. _____ less than 1

b. _____ 1-2 usually

c. _____ 3-4 usually

d. _____ 5 or more usually

32. Please use the Bristol Stool Chart below to identify the sequence of **how your stools change after eating**. Please write in the stool "Type" beside the stools that you during the attack.

- a. First stool type _____
- b. 2nd stool type _____
- c. 3rd stool type _____
- d. 4th stool type _____
- e. 5th stool type _____
- f. 6th and more stools types _____

33. Please **check off on the list on the following page the foods, spices, fruits, or liquids that you believe “trigger”** you to have abdominal discomfort and increased bowel movements.

34. Please list the “worse food triggers” below:

Worse triggers : _____

Potential Food Triggers

Please place an “x” in front of the food item that you believe may cause the increased abdominal discomfort, cramping, increased bowel movements, etc.

Fruits

Spices or Seasonings

Meats and Eggs

Apples or pears	Garlic	Fried chicken
Apricots	Black pepper	Grilled chicken
Bananas	Cinnamon	Hamburgers
Black berries	Onion	Hot dogs
Cantaloupe	MSG	Processed meats (usage, salami,bologna, etc.)
Honey Dew Melon	Hot peppers	Bacon
Oranges	Mustard	Beef, pork or lamb
Pears	Ketchup	Fish

Peaches	Steak sauces	Seafood, (crabs, mussels, etc)
Plums	Soy sauce	Eggs
Prunes	Teriyaki Sauce	Tuna Fish
Other fruits (please specify):		
	Dairy	Miscellaneous
	Milk	Pop corn
Vegetables	Yogurt	Rice
Beans (pinto, baked, black, etc)	Ice cream	Pasta
Asparagus	Cottage cheese	French fries

Broccoli	Hard cheese	Pizza
Brussels sprouts	Butter	Nuts
Cabbage	Margarine	Peanut butter
Carrots	Cream (in coffee)	Potato chips
Cauliflower	sour cream	
Corn	Other dairy (please specify):	Other Triggers:
Cucumber		(please specify):
Egg plant	Beverages	
Green beans	Coffee (not decaffeinated)	

Lima Beans

Tea

Lentils

Cola or other soft drinks
(pop)

Lettuce (Please specify
type):_____

Diet cola or other diet soft
drinks

Beer

Mushrooms

Wine

Peas

Liquor

Peppers (green/red/ NOT hot)

Orange Juice

Spinach

Sweet potatoes	Restaurant Dining
Tomatoes	Chinese or Japanese food
White potatoes	Creamed Dishes
Winter Squash	Italian food other than pizza
Yellow summer squash	Mexican food
Zucchini	Cajun or other spicy, barbecued food
Other vegetables (please specify):	Any Restaurant Meal

35. Are there any **foods or over the counter products** (non prescription) that you feel have **helped reduced** the increased bowel movements after eating?

a. _____yes

b. _____no

If yes, please use the space below to list these products and how they have helped you.

36. What percentage of the time do you experience **abdominal discomfort** when you have the increased bowel movements?

- a. _____0% *(If you have NO abdominal discomfort, then skip to question # 42).*
- b. _____less than 25%
- c. _____ at least 25% but less than 50%
- d. _____at least 50% but less than 75%
- e. _____more than 75%

37. What percentage of time is the abdominal discomfort **predominantly cramping** and associated with having the increased bowel movement?

- a. _____0%
- b. _____less than 25%
- c. _____ at least 25% but less than 50%
- d. _____at least 50% but less than 75%
- e. _____more than 75%

38. How **severe is your abdominal discomfort** with an average episode of increased bowel movements?

- a. _____not very severe
- b. _____medium severity
- c. _____moderate severity
- d. _____very severe

39. How often does most of the **abdominal discomfort improve** once the increased bowel movements have stopped?

- a. _____0% of the time
- b. _____under 25%
- c. _____at least 25% but less than 50%
- d. _____at least 50% but less than 75%
- e. _____more than 75%

40. How often does most of the abdominal **discomfort completely disappear** once the urgent bowel movements have stopped?

- a. _____0% of the time
- b. _____under 25%
- c. _____at least 25% but less than 50%

d. _____at least 50% but less than 75%

e. _____more than 75%

41. Do you have **more than one type of abdominal discomfort** when you have the increased bowel movements?

a. _____yes

b. _____no

42-51. Please identify how often you experience the following symptoms with your episode by circling the appropriate response number:

51. During an “average” episode, do you suffer from **abdominal bloating, distention or tightness**?

a. _____yes

b. _____no: (*skip to question 55*).

52. If your answer is yes to the above questions, how **severe** is the **abdominal distention, bloating, or tightness** for an average episode?

a. _____not very severe (able to carry on most daily activities)

b. _____medium severity

c. _____moderate severity

d. _____very severe (unable to perform activities of daily living).

53. How **long will this distention last** on the average for each episode?

- a. _____ less than 15 minutes
- b. _____ more than 15, but less than 30 minutes
- c. _____ more than 30, but less than 1 hour
- d. _____ more than 1 hour, but less than 2 hours
- e. _____ more than 2 hours, but less than 4
- f. _____ more than 4 hours, but less than 6
- g. _____ more than 6 hours, but less than 12
- h. _____ more than 12 hours, but less than 24
- i. _____ more than 24 hours

54. Do you experience constipation on a weekly basis?

- a. _____ yes
- b. _____ no

55. How many days are you usually **constipated** each week?

- a. _____ none
- b. _____ 1-2 usually
- c. _____ 3-4 usually
- d. _____ 5 or more usually

56. Please identify all of your **family members** who you **suspect also have a similar problem of increased bowel movements**.

a. **UNKNOWN**_____

b. Mother_____

c. Father_____

d. Sibling(s):_____ (Number)_____

e. Child(ren):_____ (Number)_____

g. Grandparent(s):_____ (Number)_____

h. Aunts/Uncles:_____ (Number)_____

i. Nieces/nephews_____ (Number)_____

f. **None known**_____

57. Please provide a brief history of all of the testing you have experienced in trying to identify the cause of your problem, if known:

Malabsorption: _____unknown _____no, _____yes: results:_____

Celiac disease: _____unknown _____no, _____yes: results:

Pancreatic Insufficiency: _____unknown _____no, _____yes: results: _____

Colonoscopy _____unknown _____no, _____yes: results: _____

Upper GI w/ small Bowel ___unknown ___no, ___yes: results: _____

Other Testing _____

58. Please identify in the chart below how well you felt the following medications helped your symptoms by checking the appropriate space. Please add other medications, (either prescription or over the counter) that you have tried in the spaces allowed and note their effectiveness too.

Medication	Completely Ineffective	Poor	Fair	Good	Very Good	Excellent	Never tried
a. Antidepressant	0	1	2	3	4	5	6
b. Bentyl	0	1	2	3	4	5	6
c. Antianxiety med	0	1	2	3	4	5	6
d. Levsin	0	1	2	3	4	5	6

e. Donnatal	0	1	2	3	4	5	6
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f. Fiber supplement	0	1	2	3	4	5	6
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g. Lactase	0	1	2	3	4	5	6
------------	---	---	---	---	---	---	---

h. Lomotil	0	1	2	3	4	5	6
------------	---	---	---	---	---	---	---

i. Imodium	0	1	2	3	4	5	6
------------	---	---	---	---	---	---	---

j. Probiotics	0	1	2	3	4	5	6
---------------	---	---	---	---	---	---	---

k. Enzymes	0	1	2	3	4	5	6
------------	---	---	---	---	---	---	---

l. Welchol	0	1	2	3	4	5	6
------------	---	---	---	---	---	---	---

m. Zelnorm	0	1	2	3	4	5	6
------------	---	---	---	---	---	---	---

n. Other: _____ 0 1 2 3 4 5 6

59. Is there any family history of cystic fibrosis?

a. _____unknown

b. _____yes

c. _____no

60. Please list all of your **current medications** that you are taking in the space below:

61. Please list your **current medical problems** below:

62. Please indicate how much your increased bowel movement disorder is affecting or interfering with your life in general.

- a. ____not at all
- b. ____small amount
- c. ____medium amount
- d. ____moderate amount
- e. ____severe interference

63. Please answer the following question to help assess the overall effectiveness of your current treatment for this increased bowel movements syndrome. How do you rate the **effectiveness** of your**current treatment** for this condition over the last week?

- 1) "Substantially Worse" _____
- 2) "Moderately Worse" _____
- 3) "Slightly Worse" _____
- 4) "No Change" _____
- 5) "Slightly Improved" _____
- 6) "Moderately Improved" _____
- 7) "Substantially Improved" _____

64. Please use the space below to add any additional information that you feel would be helpful for us to understand this problem.
