



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?

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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:

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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. 2<sup>nd</sup> stool type \_\_\_\_\_
- c. 3<sup>rd</sup> stool type \_\_\_\_\_
- d. 4<sup>th</sup> stool type \_\_\_\_\_
- e. 5<sup>th</sup> stool type \_\_\_\_\_
- f. 6<sup>th</sup> 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.

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**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):		
	<b>Dairy</b>	<b>Miscellaneous</b>
	Milk	Pop corn
<b>Vegetables</b>	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):	<b>Other Triggers:</b>
Cucumber		(please specify):
Egg plant	<b>Beverages</b>	
Green beans	Coffee (not decaffeinated)	

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Lima Beans

Tea

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Lentils

Cola or other soft drinks  
(pop)

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Lettuce (Please specify  
type):\_\_\_\_\_

Diet cola or other diet soft  
drinks

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Beer

---

Mushrooms

Wine

---

Peas

Liquor

---

Peppers (green/red/ NOT hot)

Orange Juice

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Spinach



Sweet potatoes	<b>Restaurant Dining</b>
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.

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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

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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
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h. Lomotil	0	1	2	3	4	5	6
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i. Imodium	0	1	2	3	4	5	6
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j. Probiotics	0	1	2	3	4	5	6
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k. Enzymes	0	1	2	3	4	5	6
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l. Welchol	0	1	2	3	4	5	6
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m. Zelnorm	0	1	2	3	4	5	6
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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:

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

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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.

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