

Bowel Symptom Questionnaire

Name: _____

Date: _____

Doctor: _____

On average, how often did you pass a bowel movement in the past 3 months?

more than 3 times per day 2 to 3 times per day Once per day

2 to 3 times per week Less than once a week

Which symptoms best describe you? Check all that apply.

Accidental loss or leakage of stool

Passing fewer than three stools a week

Bowel accidents while unaware

Have lumpy or hard stools

Gas escapes without your knowledge







Straining to have bowel movements

No bowel problems (if checked, please discontinue questionnaire)

How long have you had these symptoms? _____

Please circle ONE stool type that applies to your usual bowel movements in the past 3 months.

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