

**UNDER ONE YEAR CONSTIPATION CHECKLIST**

Child’s Name: …………………………………………………………………

Date of Birth: …………………………………… NHS number: …………………………

**Stool patterns and symptoms:** indicate by circling the correct response for each question.

Stool type is based on the Bristol Stool Form Scale

|  |  |  |
| --- | --- | --- |
| Does the child have a bowel movement (poo) fewer than three times a week (stool type 3 or 4)? | YES | NO |

**Stool texture**

|  |  |  |
| --- | --- | --- |
| Does the child pass large hard stools? | YES | NO |
| Does the child pass ‘rabbit droppings’? | YES | NO |

**Symptoms associated with defecation**

|  |  |  |
| --- | --- | --- |
| Does the child have distress or straining when pooing? | YES | NO |
| Does the child bleed when pooing? | YES | NO |

**History**

|  |  |  |
| --- | --- | --- |
| Has the child had previous episodes of constipation or the present symptoms? | YES | NO |
| Have you noticed any cracks or tears in the anal region? | YES | NO |

**Total number of YES answers **

|  |
| --- |
| Two or more YES answers indicate constipation |

|  |
| --- |
| Comments: |
| Referred to GP/consultant for further assessment: Yes  No Date: ………………………………………………………………………… |