

STARTING THE CONVERSATION

Talking to a doctor about your Chronic Idiopathic Constipation (CIC) or Irritable Bowel Syndrome with Constipation (IBS-C) can be difficult or embarrassing. Preparing for a conversation about your experiences and management goals can help. Take this quiz to identify your goals and get the conversation started.

BRISTOL STOOL FORM SCALE

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 surface.

TYPE 4



Like a sausage or snake, smooth & soft.

TYPE 5



Soft blobs with clear-cut edges.

TYPE 6



Fluffy pieces with ragged edges, a mushy stool.

TYPE 7



Watery, no solid pieces. Entirely liquid.

1. How long have you been dealing with constipation/CIC/IBS-C?

- 0-6 months
- 6-12 months
- 1-2 years
- 2-4 years
- 4+ years

2. Which of the following symptoms have you experienced? (Select all that apply.)

- Less than 3 bowel movements a week
- Hard to pass bowel movements
- Straining
- Bloating
- Never truly feeling empty after a bowel movement

3. Which Type best describes your stool if you don't take anything for your constipation/CIC/IBS-C?

- 1 2 3 4 5 6 7

4. What treatments have you tried or are currently using? (Select all that apply.)

Tried In Past

- Increased water consumption
- Diet/exercise
- Fiber supplements
- Probiotics
- Stool softeners
- Laxatives
- Prescription medications

Currently Using


- Increased water consumption
- Diet/exercise
- Fiber supplements
- Probiotics
- Stool softeners
- Laxatives
- Prescription medications

5. Which Type best describes your stool while taking your current treatment?

- 1 2 3 4 5 6 7
- I'm not currently taking medication

POOP DIARY

Circle your stool Type using the Bristol Scale on the front as a guide. Also, in the spaces provided, log your Symptoms (S) like straining, bloating or abdominal pain and any Treatments (T) you may be taking.

	Morning (5am – 12pm)	Afternoon (12pm – 5pm)	Evening (5pm – 8pm)	Night (8pm – 5am)
Sun	1 2 3 4 5 6 7 S: _____ T: _____	1 2 3 4 5 6 7 S: _____ T: _____	1 2 3 4 5 6 7 S: _____ T: _____	1 2 3 4 5 6 7 S: _____ T: _____
Mon	1 2 3 4 5 6 7 S: _____ T: _____	1 2 3 4 5 6 7 S: _____ T: _____	1 2 3 4 5 6 7 S: _____ T: _____	1 2 3 4 5 6 7 S: _____ T: _____
Tue	1 2 3 4 5 6 7 S: _____ T: _____	1 2 3 4 5 6 7 S: _____ T: _____	1 2 3 4 5 6 7 S: _____ T: _____	1 2 3 4 5 6 7 S: _____ T: _____
Wed	1 2 3 4 5 6 7 S: _____ T: _____	1 2 3 4 5 6 7 S: _____ T: _____	1 2 3 4 5 6 7 S: _____ T: _____	1 2 3 4 5 6 7 S: _____ T: _____
Thu	1 2 3 4 5 6 7 S: _____ T: _____	1 2 3 4 5 6 7 S: _____ T: _____	1 2 3 4 5 6 7 S: _____ T: _____	1 2 3 4 5 6 7 S: _____ T: _____
Fri	1 2 3 4 5 6 7 S: _____ T: _____	1 2 3 4 5 6 7 S: _____ T: _____	1 2 3 4 5 6 7 S: _____ T: _____	1 2 3 4 5 6 7 S: _____ T: _____
Sat	1 2 3 4 5 6 7 S: _____ T: _____	1 2 3 4 5 6 7 S: _____ T: _____	1 2 3 4 5 6 7 S: _____ T: _____	1 2 3 4 5 6 7 S: _____ T: _____