Appendix 1:

**Constipation Questionnaire**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person providing information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence in last month Hospital [ ]

 Nursing Home [ ]

 LD Residential Home [ ]

 Supported Living [ ]

 Domiciliary Care [ ]

 Community – with family [ ]

 Community – independently [ ]

Degree of ID: Mild [ ]

 Moderate [ ]

 Severe-profound [ ]

Down syndrome: Yes

 No

Any other known genetic syndrome \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cerebral palsy: Yes

 No

Epilepsy: Yes

 No

Diagnosed mental illness (please circle) None Non-psychotic Psychosis

Dysphagia Yes No

Obesity Yes No

Diabetes Yes No

Autism Yes No

Constipation:

Number of bowel movements per week (last month):

 More than two [ ]

 Two or fewer [ ]

 Don’t know [ ]

Incontinence of faeces Daily Less than daily Never DK

Laxative use (last month): Never [ ]

 Less than three times weekly [ ]

 Three or more times weekly [ ]

 Prescribed, don’t know usage [ ]

Impact of constipation:

Admitted to hospital with constipation- Yes [ ]

 No [ ]

 Not sure [ ]

Required surgery following admission with constipation Yes No DK

Risk factors

Record all medications taken on a regular basis, like every day or every week. Please include prescription and non-prescription medications, over-the-counter medications, vitamins, and herbal and alternative medications:

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Diet: Had advice on diet and implemented [ ]

 If so, who was the advice given by……………………….…

 Had advice on diet but not implemented [ ]

 No advice on diet received but diet maintained [ ]

 No diet and little focus [ ]

 Liquidised diet only [ ]

 Tube feeding [ ]

Fluid intake: Fluid intake difficult [ ]

 Fluid intake good ; 6-8 drinks daily [ ]

 Don’t know [ ]

If difficult what is the average daily intake in ml over last month? \_\_\_\_\_\_

Toileting: Level of independence

 Independently toilets [ ]

 Requires support with toileting [ ]

 Never uses toilet as incontinent [ ]

 Not sure [ ]

 Routine

 No routine [ ]

 Assisted routine [ ]

 Don’t know [ ]

 Seat

 Normal toilet seat [ ]

 Raised toilet seat [ ]

 Use of foot stool or aids [ ]

 Not relevant as incontinent [ ]

 Not sure [ ]

Mobility: Good with exercise [ ]

 Good without much exercise [ ]

 Impaired [ ]

 Largely immobile [ ]

 Unable to get out of bed

 The questionnaire has three sections. The first section captures the basic demographics. Section two is to understand the level of intellectual disabilities and commonly associated health co-morbidities. Section three concerned common constipation influencing factors. The detection of constipation was placed between section 2 and 3.