

# The Groningen Pediatric Defecation & Fecal Continence Questionnaire

## Instructions:

1. Answer the questions by ticking the box next to your answer. Please tick just one answer to each question (unless you are invited to give more than one answer).
2. Although some of the questions may seem very similar, each one gives us important information. Some of the questions might be about problems you do not have, but we would like to know this too. Please answer every question (unless you are specifically told to go to another question).
3. There are no right or wrong answers. If you are unsure about how to answer a question, try to choose the answer that seems best.
4. If you have any comments about the questionnaire, or if there is anything else you would like to say but which has not been covered by the questions, you can add your own comments at the end of the questionnaire.
5. Your answers will be treated in the strictest confidence.



## Personal details

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Surname \_\_\_\_\_

First name \_\_\_\_\_

Date of birth \_\_\_\_\_

Height (cm) \_\_\_\_\_

Weight (kg) \_\_\_\_\_

0.1 Are you a boy or a girl?

Boy

Girl

0.2 How old are you (in years)?

\_\_\_\_\_

0.3 In which province do you live?

Drenthe  Noord-Brabant

Flevoland  Noord-Holland

Friesland  Overijssel

Gelderland  Utrecht

Groningen  Zeeland

Limburg  Zuid-Holland

0.4 How big is the town or village in which you live?

I live in a village

I live in a small town with fewer than 50,000 inhabitants

I live in a medium-sized town with 50,000 to 100,000 inhabitants

I live in a large town with more than 100,000 inhabitants



0.5 In general, how would you describe your health in relation to the ability to hold and get rid of your poo?

- Very good
- Good
- Reasonable
- Poor
- Very poor



## Category 1: Defecation pattern

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The following questions are about your defecation pattern during the past six months.

1.1 On average, how often did you go to the toilet to do a poo? (**Only tick one box**)

- Less than once a month
- Less than once a week
- Once a week
- Twice a week
- Once every two days
- Once or twice a day
- Three to five times a day
- More than five times a day



1.2 What did your poo usually look like? (**Only tick one box**)

- |                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> |    | Looks like rabbit droppings<br>(Separate hard lumps (hard to pass))             |
| <input type="checkbox"/> |    | Looks like bunch of grapes<br>(Sausage-shaped but lumpy)                        |
| <input type="checkbox"/> |    | Looks like corn on cob<br>(Like a sausage but with cracks on its surface)       |
| <input type="checkbox"/> |    | Looks like a sausage<br>(Like a sausage or snake, smooth and soft)              |
| <input type="checkbox"/> |   | Looks like chicken nuggets<br>(Soft blobs with clear-cut edges (passed easily)) |
| <input type="checkbox"/> |  | Looks like porridge<br>(Fluffy pieces with ragged edges, a mushy stool)         |
| <input type="checkbox"/> |  | Looks like gravy<br>(Watery, no solid pieces (entirely liquid))                 |



## Category 2: Constipation

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The following questions are about the problems you have had with doing a poo over the past six months.

2.1 Did you have difficulty pooing (for example: because your poo was too hard or because you had to strain)?

Yes

No

2.1.1 If so, how long have you been having problems pooing?

0-1 year

1 to 5 years

5 to 10 years

10 to 20 years

2.2 How often did you have to strain hard to poo?

Never

Less than once a month

Several times a month

Several times a week

Every day

2.3 On average, how long did you have to strain when pooing?

Less than 5 minutes

5 to 10 minutes

10 to 20 minutes

20 to 30 minutes

Longer than 30 minutes



2.4 How often was it difficult to poo because it felt as if something was obstructing the exit?

- Never
- Less than once a month
- Several times a month
- Several times a week
- Every day

2.5 How often did you feel as if you had not quite got rid of all your poo after going to the toilet?

- Never
- Less than once a month
- Several times a month
- Several times a week
- Every day

2.6 How often were you unable to do a poo, despite feeling the urge (immediate need) to go to the toilet?

- I was always able to
- One to three times a day
- Four to six times a day
- Seven to nine times a day
- More than nine times a day

2.7 How often did you have to return to the toilet for another poo within one hour of doing a poo?

- Never
- Less than once a month
- Several times a month
- Several times a week
- Every day



2.8 How often did you have pain in your anus (bottom) while pooing?

- Never
- Less than once a month
- Several times a month
- Several times a week
- Every day

2.9 Do you ever feel bloated (as if your tummy is full of air)?

- Yes
- No

2.9.1 If so, how badly? (You may tick more than one answer)

- I only felt it myself
- Other people could also see it
- It made me lose my appetite or feel sick
- It made me throw up

2.10 How often did you have pain or cramps in your tummy?

- Never
- Less than once a month
- Several times a month
- Several times a week
- Every day

***If you did not experience pain or cramps in your tummy during the past six months, please proceed to question 3.1.***

2.10.1 If you experienced pain or cramps in your tummy, was this only while you were on your period?

- No
- Yes
- Not applicable because I have not yet started my periods
- Not applicable because I am a man





2.10.2 If you experienced pain or cramps in your tummy, did they disappear or get better after doing a poo?

- Never or rarely
- Sometimes
- Often
- Usually
- Always

2.10.3 Have you had to go to the toilet to do a poo more or less frequently since the pain or cramps in your tummy started?

- Yes, I go to the toilet more frequently than before
- Yes, I go to the toilet less frequently than before
- No, I go to the toilet just as often as before

2.10.4 Has your poo looked different since the pain or cramps in your tummy started?

(Has it become harder or softer, for example?)

- Yes, my poo is harder
- Yes, my poo is softer
- No, the consistency of my poo has not changed



## Category 3: Constipation-related questions

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The following questions are about your diet and any remedies you might possibly have used to help you poo over the past six months.

3.1 Do you drink at least 1.5 litres of fluids a day (10 x 150ml-cups/glasses)?

Yes

No

3.2 Do you eat at least 2 pieces of fruit a day?

Yes

No

3.3 Do you eat at least 3 tablespoons of vegetables a day?

Yes

No

3.4 Do you eat at least 3 slices of brown or wholemeal bread a day?

Yes

No

3.5 How often did you take laxatives to soften your poo/make it easier to do a poo?

Never

Less than once a month

Several times a month

Several times a week

Once a day

Several times a day



3.5.1 If you take laxatives, which one do you take and how much?

1. Medicine: \_\_\_\_\_ How often per day: \_\_\_\_\_ Dosage: \_\_\_\_\_  
ml/g

Or per week: \_\_\_\_\_

2. Medicine: \_\_\_\_\_ How often per day: \_\_\_\_\_ Dosage: \_\_\_\_\_  
ml/g

Or per week: \_\_\_\_\_

3. Medicine: \_\_\_\_\_ How often per day: \_\_\_\_\_ Dosage: \_\_\_\_\_  
ml/g

Or per week: \_\_\_\_\_

3.6 Did you follow a special diet or eat particular foods to soften your poo?

Yes, I eat /drink: \_\_\_\_\_

No

3.7 Did you use an enema (= injecting a small amount of a medicine into your anus (bottom) to help you poo?

Yes, medicine: \_\_\_\_\_ dosage: \_\_\_\_\_ ml/cc

No

3.7.1 If so, how often?

Less than once a month

Several times a month

Several times a week

Once a day

Several times a day



3.8 Did you flush your bowels with lukewarm water (injected into your bottom or with an antegrade colonic enema) to get rid of your poo?

Yes, amount: \_\_\_\_\_ ml/cc, with (if applicable): \_\_\_\_\_

No

3.8.1 If so, how often did you flush?

Less than once a month

Several times a month

Several times a week

Once a day

Several times a day

3.9 Did you use your fingers or hands to help you poo? (You may tick more than one answer)

Yes, I press on my tummy with my hands

Yes, I use my finger to press between my buttocks, just in front of the anus (bottom hole)

Yes, I use my finger to press between my buttocks, just behind the anus (bottom hole)

Yes, I use my fingers to remove stools from my anus (bottom hole)

Yes, but in another way, namely: \_\_\_\_\_

No

3.9.1 If so, how often did you use your fingers or hands to help you poo?

Less than once a month

Several times a month

Several times a week

Every day



3.10 If you had difficulty pooing, did you talk to anyone about it? (You may tick more than one answer)

- Not applicable, I do not have difficulty pooing
- Yes, with family or friends
- Yes, with my general practitioner (GP)
- Yes, with a medical specialist
- Yes, with someone else, namely: \_\_\_\_\_
- No



## Category 4: Fecal continence

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The following questions are about accidental pooing in your pants during the past six months.

4.1 How often did you accidentally pood a bit in your pants? (i.e. stained/soiled your underpants)

- Never
- Less than once a month
- Several times a month
- Several times a week
- Once a day
- Several times a day

4.1.1 If you accidentally pood a little bit in your pants, when did this happen? (You may tick more than one answer)

- When I had diarrhea
- When I was desperate for the toilet
- Doing a sport/ playing
- For no clear reason

4.2 How often did you accidentally do a large, solid poo in your pants because you didn't feel that you needed to go to the toilet?

- Never
- Less than once a month
- Several times a month
- Several times a week
- Once a day
- Several times a day



4.3 How often did you feel a strong urge (immediate need) to do a poo but were unable to reach the toilet in time?

- Never
- Less than once a month
- Several times a month
- Several times a week
- Once a day
- Several times a day

4.4 How often did you accidentally do a watery poo (have diarrhea) in your pants?

- Never
- Less than once a month
- Several times a month
- Several times a week
- Once a day
- Several times a day

4.5 How often did you accidentally pass wind?

- Never
- Less than once a month
- Several times a month
- Several times a week
- Once a day
- Several times a day

***If you have not accidentally done a liquid or solid poo in your pants during the past six months, please go to question 5.1.***

4.6 If you accidentally pooped in your pants, how much was this usually?

- A tiny amount, about the size of a coin
- Enough to make me change my underpants
- Enough to make me change my underpants and trousers



4.7 If you accidentally pooped in your pants, when did this happen?

- Only while I was awake
- Only while I was asleep
- While I was awake and while I was asleep

4.8 How often did you use panty liners or another type of pads to protect you when you accidentally pooped in your pants?

- Never
- Less than once a month
- Several times a month
- Several times a week
- Once a day
- Several times a day

4.9 How often did you rearrange daily routines because of accidentally pooping in your pants (e.g. you stayed at home, cancelled plans to meet friends, changed your diet)?

- Never
- Less than once a month
- Several times a month
- Several times a week
- Once a day
- Several times a day

4.10 Have you ever accidentally pooped in your pants shortly after doing a poo on the toilet?

- Yes
- No





4.11 Do you use an anti-diarrhea medicine to thicken your poo?

- Never
- Less than once a month
- Several times a month
- Several times a week
- Once a day
- Several times a day

4.11.1 If you use an anti-diarrhea medicine, which one do you use and how much?

1. Medicine: \_\_\_\_\_ How often per day: \_\_\_\_\_ Dosage: \_\_\_\_\_ ml/g  
Or per week: \_\_\_\_\_

2. Medicine: \_\_\_\_\_ How often per day: \_\_\_\_\_ Dosage: \_\_\_\_\_ ml/g  
Or per week: \_\_\_\_\_

3. Medicine: \_\_\_\_\_ How often per day: \_\_\_\_\_ Dosage: \_\_\_\_\_ ml/g  
Or per week: \_\_\_\_\_

4.12 Did you follow a special diet or eat particular foods to control accidental poos?

- Yes, I eat/drink: \_\_\_\_\_
- No

4.13 Did you flush your bowels with lukewarm water to stop yourself accidentally pooping?

- Yes, amount: \_\_\_\_\_ ml/cc, with (if applicable): \_\_\_\_\_
- No

4.14 Have you ever talked to anyone about accidentally pooping in your pants?

(You may tick more than one answer)

- Yes, with family or friends
- Yes, with my general practitioner (GP)
- Yes, with a medical specialist
- Yes, with someone else, namely:
- No



## Category 5: Urge (immediate need)

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The following questions are about your urge (immediate need) to go the toilet over the past six months

- 5.1 Did you feel the urge (immediate need) to poo before you went to the toilet?
- Yes
- Sometimes
- No
- 5.2 On average, how long were you able to hold your poo in, once you had felt the urge to go to the toilet?
- I was unable to hold my poo in
- One minute or less (I always had to go to the toilet immediately)
- Five minutes at the most
- Fifteen minutes at the most
- I never had to hurry
- 5.3 How often did you have to hurry to get to the toilet in time, to prevent yourself accidentally pooing in your pants?
- Never
- Less than once a month
- Several times a month
- Several times a week
- Once a day
- 5.4 When you felt the urge (immediate need) to go to the toilet, could you tell the difference between wind, diarrhea and solid poo
- Yes
- With difficulty
- No



## Category 6: Urinary incontinence

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The following questions are about your bladder control over the past six months.

6.1 On average, how often did you wee/pee?

- Less than three times a day
- Three to seven times a day
- More than seven times a day

6.2 When you peed, were you able to empty your bladder in one go?

- Yes, the pee stream was never interrupted
- No, the pee sometimes came in bursts (stopped and started)
- No, the pee always came in bursts (stopped and started)

6.3 When you peed, did you have to strain?

- Yes, I always had to strain while peeing
- Yes, I sometimes had to strain while peeing
- No, I never had to strain while peeing

6.4 How often did you accidentally wee in your pants?

- Never
- About once a week or less
- Two to three times a week
- About once a day
- Several times a day
- Continuously

6.5 How much wee did you usually accidentally let out (whether you used protective pads or not)?

- None
- A bit (a few drops)
- Quite a lot (wet underpants)
- A lot (visible wet patches)



6.6 When did you accidentally wee in your pants? (You may tick more than one answer)

- Never, I have never accidentally peed
- Before I could reach the toilet
- Whenever I sneezed or coughed
- While I was asleep
- Doing a sport/ playing
- When I got dressed again after peeing
- For no clear reason
- Continuously

6.7 How often did you need to go to the toilet to pee during the night?

- Never/rarely
- Once or twice a week
- Three to six times a week
- Every night
- Several times a night

6.8 How often did you feel as if you had a bladder infection in the past 6 months?

- Never
- Once
- Several times

6.9 How often have you been treated for a bladder infection in the past 6 months?

- Never
- Once
- Several times



## Category 8: Medical history

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The following questions relate to conditions or operations that may affect your ability to control your poos.

8.1 Have you ever had one of the following operations that may affect your ability to control your poos? (You may tick more than one answer)

- No, I have never had an operation on my bowels/intestine, anus (bottom hole) or prostate
- Removal of a section of bowel/intestine, after which the remaining parts were stitched together
- Operation on a fistula in the anal cleft close to the anus (perianal fistula)
- Operation on the anal sphincter
- Operation for piles (haemorrhoids)
- Operation on the prostate
- Other, namely: \_\_\_\_\_

Procedure to repair a hereditary condition, such as:

- Anal atresia or congenital anorectal malformation
- Hirschsprung's disease
- Sacrococcygeal teratoma

8.2 Do you have (or have you had) a stoma to get rid of your poo?

- Yes, a colostomy
- Yes, an ileostomy
- No

8.3 Do you ever have blood and/or mucus in your poo?

- Yes
- No



8.4 Have you ever had an injury to your anus (bottom hole), apart from an operation?

- Yes, namely: \_\_\_\_\_  
 No

8.5 Have you ever had, or are you still experiencing the consequences of, one of the following illnesses? (You may tick more than one answer)

- I have never had any of the illnesses listed below  
 Crohn's disease or colitis ulcerosa (inflammation of the colon)  
 Irritable bowel syndrome  
 Prolapse of the rectum  
 Diabetes mellitus  
 Cerebral haemorrhage or infarction (stroke)  
 Another neurological conditions (e.g. paraplegia, multiple sclerosis)  
 Slow transit constipation

Hereditary illnesses such as:

- Anal atresia or congenital anorectal malformation  
 Hirschsprung's disease  
 Sacrococcygeal syndrome  
 Spina bifida  
 Other, namely: \_\_\_\_\_

8.6 Does anyone in your family also have one of the illnesses you have ticked?

- Yes  
 No  
 Not applicable

8.6.1 If so, which illness has which members of your family?

Illness: \_\_\_\_\_ Relative: \_\_\_\_\_

Illness: \_\_\_\_\_ Relative: \_\_\_\_\_

Illness: \_\_\_\_\_ Relative: \_\_\_\_\_

Illness: \_\_\_\_\_ Relative: \_\_\_\_\_



8.7 Which medicines do you take at the moment (you do not need to mention the laxatives and anti-diarrhea treatments mentioned earlier)?

I do not take any other medication.

I take:

1. Medicine: \_\_\_\_\_ How often per day: \_\_\_\_\_ Dosage \_\_\_\_\_ ml/g

2. Medicine: \_\_\_\_\_ How often per day: \_\_\_\_\_ Dosage \_\_\_\_\_ ml/g

3. Medicine: \_\_\_\_\_ How often per day: \_\_\_\_\_ Dosage \_\_\_\_\_ ml/g

4. Medicine: \_\_\_\_\_ How often per day: \_\_\_\_\_ Dosage \_\_\_\_\_ ml/g

5. Medicine: \_\_\_\_\_ How often per day: \_\_\_\_\_ Dosage \_\_\_\_\_ ml/g

6. Medicine: \_\_\_\_\_ How often per day: \_\_\_\_\_ Dosage \_\_\_\_\_ ml/g



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**This is the end of the questionnaire.**

Thank you very much for taking the time to answer these questions.

If there is anything else you would like to say, or if there is something you feel was not asked or not asked sufficiently by this questionnaire, please use the space below to leave your comments.

