**Supplemental File 2: Child Regularity Questionnaire**

**Please complete this questionnaire by picking the best answer for the following questions:**

1. In the past week, how often did you feel puffy and uncomfortable in the belly?

* Never
* Almost Never
* Sometimes
* Often
* Almost Always

2. In the past week, how often did you strain or squeeze to try and pass a poop?

* Never
* Almost Never
* Sometimes
* Often
* Almost Always

3. In the past week, how often did you finish pooping but it still felt like there was some poop that didn’t come out?

* Never
* Almost Never
* Sometimes
* Often
* Almost Always

4. In the past week, how often did you have gas (fart)?

* Never
* Almost Never
* Sometimes
* Often
* Almost Always

5. In the past week, how often did you feel discomfort or hurt in your tummy below your belly button?

* Never
* Almost Never
* Sometimes
* Often
* Almost Always

6. In the past week, how often did you poop?

* Never
* Almost Never
* Sometimes
* Often
* Almost Always

7. If you look at the picture chart attached, which pictures look like your poop did most often this past week?

 (use attached picture chart)

* Type 1
* Type 2
* Type 3
* Type 4
* Type 5
* Type 6
* Type 7
* I did not look at my poop last week



8. Did you miss school or playtime because of problems with your tummy or wanting or needing to poop?

* + Never
	+ Less than 3 times this week
	+ More than 3 times this week
	+ At least once a day

9. What size is your poop closest to?

* + Grape
	+ Golf ball
	+ Baseball
	+ Softball