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COLORECTAL/ANORECTAL PHYSIOLOGY & SURGERY

Donald B. Colvin, M.D., F.A.S.C.R.S. Lynda S. Dougherty, M.D., F.A.S.C.R.S. Daniel P. Otchy, M.D., F.A.S.C.R.S. Lawrence E. Stern, M.D., F.A.S.C.R.S. Kimberly A. Matzie, M.D., F.A.S.C.R.S. Caroline Sanchez, M.D., F.A.S.C.R.S. Katherine Khalifeh, M.D., F.A.S.C.R.S. Timothy A. Plerhoples, M.D., M.P.H. Elizabeth York, P.A.-C.

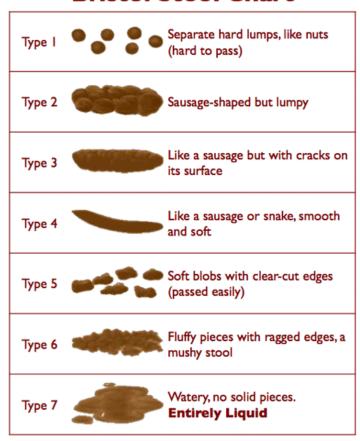
CONSTIPATION QUESTIONNAIRE

Name	Date

- 1. On average, how often did you pass a bowel movement in the past 3 months? (Please check one)
 - More than 3 times per day
 - o 2 to 3 times per day
 - Once per day
 - o 2 to 3 times per week
 - Less than once per week
- 2. What has been the usual consistency of your bowel movements in the past 3 months?

(Please circle the ONE type that applies to you USUALLY)

Bristol Stool Chart





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3. Constipation Scoring System: Please check the appropriate line for each question as honestly as
possible regarding your bowel movement habits & your difficulty with bowel movements.
Total Constipation Score (0-30):
How often do you have a bowel movement?
1-2 times in 1-2 days (0) 2 times per week (1) Once per week (2)
Less than once per week (3) Less than one per month (4)
Do you have pain in the anal/rectal area when you are trying to have a bowel movement?
Never (0) Rarely (1)Sometimes(2)Usually(3)Always(4)
Do you have abdominal pain when you are trying to have a bowel movement?
Never (0) Rarely (1)Sometimes(2)Usually(3)Always(4)
Do you feel that you do not completely evacuate (not empty your rectum) when you have a bowel movement?
Never (0) Rarely (1)Sometimes(2)Usually(3)Always(4)
How long do you sit on the toilet on average each time you attempt to have a bowel movement?
Less than 5 min (0) 5-10 min (1) 10-20 min (2) 20-30 min (3)
More than 30 min (4) 5 16 min (1) 10 26 min (2) 20 30 min (3)
How many times on average do you sit on the toilet in 24 hours before you have a successful bowel movement? Never (0) 1-3 (1) 3-6 (3) 6-9(4) More than 9 (4)
Do you need to assist yourself to have a bowel movement?
No assistance needed (0) Stimulative Laxatives Digital assistance or enema (2)
How long have you had these above constipation problems?
ess than 1 year (0) 1-5 years (1) 5-10 years (2)10-20 years (3) More than 20 years (4)
4. Do you ever do any of the following to assist yourself to have a bowel movement? (check all that apply)
Change body positions sitting on the toilet
Knees raised above the level of your pelvis
Perineal (the tissue between the anus and the vagina) pressure Vaginal pressure
Digital assistance inside the rectum

- 5. Do you feel that your constipation is primarily because you
 - a) do NOT get the urge to have a bowel movement regularly or
 - b) get the urge to have a bowel movement regularly but feel you cannot empty your rectum?

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6. In the past 3 months have you used medications regularly, including laxatives or antidiarrheal medication, to help you pass a bowel movement?

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Name	Dose	Frequency
Laxatives (Miralax, EZ lax) If not listed here please provide name		
here:		
Stool Softeners (Colace) If not listed here please provide name:		
Amitiza		
Bulk Agents (Metamucil, Benefiber, Bran, etc): Please list:		

a) How many children have you given birth to?	
b) How many were vaginal deliveries?	
c) In your longest labor, how long did you push for?	
d) Were forceps or instruments ever used?	
e) Did you ever have a tear or episiotomy involving the muscles of your anus?	
f) What was the weight of your largest baby?	
g) Have you ever had a hysterectomy, was it abdominal or vaginal, when was it	done?

7. The following questions are only for women. If you are a man, please go to question 8.

8. Have you ever had any of the following types of surgery to your bowels or anus? (Please check all that apply)

- o Removal and rejoining of part of your bowel
- Anal fistula surgery
- o Operation on anal muscles
- o Operation on hemorrhoids or skin tags
- Major prostate operation
- o Pelvic or prostate radiation
- None of the above

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Elizabeth York, P.A.-C.

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Do you have a stoma for emptying your bowe	Э.
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- Yes
- o No
- 10. Have you ever injured your anus (such as trauma, an accident, abuse), not including during labor?
 - Yes
 - o No
- 11. Do you suffer from any of the following medical problems? (Please check all that apply)
 - o Inflammatory bowel disease (Crohns disease or Ulcerative Colitis)
 - o Irritable bowel syndrome
 - o Rectal prolapse
 - Diabetes
 - o Stroke
 - Other neurological condition
 - Decreased mobility
 - None of the above apply to me

12. During the past month, have you felt sad, discouraged, hopeless, or had so many problems that you wondered if anything was worthwhile?

- Extremely so to the point where I have just about given up
- Very much so
- o Quite a bit
- Some so that it is enough to bother me
- A little bit
- o Not at all

13. Have you every discussed your constipation with anyone? (Please check all that apply)

- o No one
- o Family
- o Family doctor
- Specialist
- Other health professional, if so please state what kind of professional

14. Have you been referred to any other services or physicians for your constipation?

- Yes, please state where
- o No

THIS IS THE END OF YOUR QUESTIONNAIRE. THANK YOU FOR YOUR TIME & ASSISTANCE