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CONSTIPATION QUESTIONNAIRE

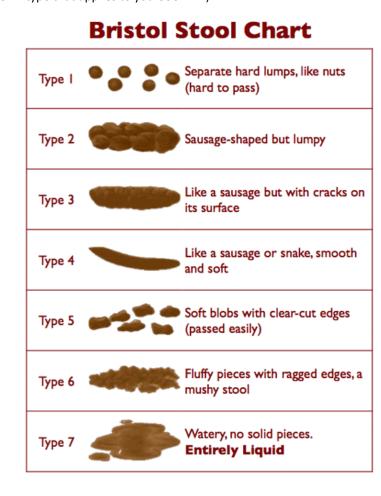
Name

Date_

1. On average, how often did you pass a bowel movement in the past 3 months? (Please check one)

- $\circ \quad \text{More than 3 times per day} \\$
- o 2 to 3 times per day
- Once per day
- o 2 to 3 times per week
- o 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)



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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)____

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?

Less 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 orb) 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?

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:		

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

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?	

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

apply)

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

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9. Do you have a stoma for emptying your bowels?

- o Yes
- o No

10. Have you ever injured your anus (such as trauma, an accident, abuse), not including during labor?

- o Yes
- 0 **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
- o Diabetes
- o Stroke
- o Other neurological condition
- o 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
- Quite a bit
- Some so that it is enough to bother me
- o A little bit
- Not at all

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

- $\circ \quad \text{No one} \quad$
- o Family
- o Family doctor
- o 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

ROCKVILLE: 4701 Randolph Road, Suite 203, Rockville, MD 20852 ~ GERMANTOWN: 19529 Doctors Drive, Germantown, MD 20874