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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)

- More than 3 times per day
- 2 to 3 times per day
- Once per day
- 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

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. <b>Entirely Liquid</b>

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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 or
- b) get the urge to have a bowel movement regularly but feel you cannot empty your rectum?

# Metro Colon and Rectal Surgery

Colorectal/Anorectal Physiology and Surgery  
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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
- Operation on hemorrhoids or skin tags
- Major prostate operation
- Pelvic or prostate radiation
- None of the above

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

- Yes
- No

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

- Yes
- No

**11. Do you suffer from any of the following medical problems?** (Please check all that apply)

- Inflammatory bowel disease (Crohns disease or Ulcerative Colitis)
- Irritable bowel syndrome
- Rectal prolapse
- Diabetes
- 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
- Quite a bit
- Some so that it is enough to bother me
- A little bit
- Not at all

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

- No one
- Family
- 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 \_\_\_\_\_
- No

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