### Constipation Questionnaire

**Name_____________________________________**  
**Date____________________**

1. On average, how often did you pass a bowel movement in the past 3 months? (Please check one)
   - o More than 3 times per day
   - o 2 to 3 times per day
   - o 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)

#### Bristol Stool Chart

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How often do you have a bowel movement?</strong></td>
<td>1-2 times in 1-2 days (0) 2 times per week (1) Once per week (2)</td>
<td></td>
</tr>
<tr>
<td><strong>Do you have pain in the anal/rectal area when you are trying to have a bowel movement?</strong></td>
<td>Never (0) Rarely (1) Sometimes (2) Usually (3) Always (4)</td>
<td></td>
</tr>
<tr>
<td><strong>Do you have abdominal pain when you are trying to have a bowel movement?</strong></td>
<td>Never (0) Rarely (1) Sometimes (2) Usually (3) Always (4)</td>
<td></td>
</tr>
<tr>
<td><strong>Do you feel that you do not completely evacuate (not empty your rectum) when you have a bowel movement?</strong></td>
<td>Never (0) Rarely (1) Sometimes (2) Usually (3) Always (4)</td>
<td></td>
</tr>
<tr>
<td><strong>How long do you sit on the toilet on average each time you attempt to have a bowel movement?</strong></td>
<td>Less than 5 min (0) 5-10 min (1) 10-20 min (2) 20-30 min (3) More than 30 min (4)</td>
<td></td>
</tr>
<tr>
<td><strong>How many times on average do you sit on the toilet in 24 hours before you have a successful bowel movement?</strong></td>
<td>Never (0) 1-3 (1) 3-6 (3) 6-9 (4) More than 9 (4)</td>
<td></td>
</tr>
<tr>
<td><strong>Do you need to assist yourself to have a bowel movement?</strong></td>
<td>No assistance needed (0) Stimulative Laxatives (2) Digital assistance or enema (2)</td>
<td></td>
</tr>
<tr>
<td><strong>How long have you had these above constipation problems?</strong></td>
<td>Less than 1 year (0) 1-5 years (1) 5-10 years (2) 10-20 years (3) More than 20 years (4)</td>
<td></td>
</tr>
</tbody>
</table>

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?

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Dose</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laxatives (Miralax, EZ lax) If not listed here please provide name here:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stool Softeners (Colace) If not listed here please provide name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amitiza</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bulk Agents (Metamucil, Benefiber, Bran, etc): Please list:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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 (Crohn's 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 ever discussed your constipation with anyone? (Please check all that apply)
   o No one
   o Family
   o Family doctor
   o Specialist
   o 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?
   o Yes, please state where____________________________________________________________
   o No

THIS IS THE END OF YOUR QUESTIONNAIRE.

THANK YOU FOR YOUR TIME & ASSISTANCE