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

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. Entirely Liquid
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?
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>
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<tbody>
<tr>
<td>Laxatives (Miralax, EZ lax) If not listed here please provide name here:</td>
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<tr>
<td>Stool Softeners (Colace) If not listed here please provide name:</td>
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<tr>
<td>Amitiza</td>
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<tr>
<td>Bulk Agents (Metamucil, Benefiber, Bran, etc): Please list:</td>
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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)
   o Removal and rejoining of part of your bowel
   o Anal fistula surgery
   o Operation on anal muscles
   o Operation on hemorrhoids or skin tags
   o Major prostate operation
   o Pelvic or prostate radiation
   o 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)
   - 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

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