check box ⌧

|  |  |  |
| --- | --- | --- |
| **How often do you defecate?** | | |
|  | Daily (score 0) |  |
|  | 2 – 6 times every week (score 1) |
|  | Less than once a week (score 6) |
| **How much time do you spend on each defaecation?** | | |
|  | Less than 30 minutes (score 0) |  |
|  | 31 – 61 minutes (score 3) |
|  | More than one hour (score 7) |
| **Do you experience uneasiness, sweating or headaches during or after defaecation?** | | |
|  | Yes (score 2) |  |
|  | No (score 0) |
| **Do you take medication (tablets) to treat constipation?** | | |
|  | Yes (score 2) |  |
|  | No (score 0) |
| **Do you take medication (drops or liquid) to treat constipation?** | | |
|  | Yes (score 2) |  |
|  | No (score 0) |
| **How often do you use digital evacuation?** | | |
|  | Less than once a week (score 0) |  |
|  | Once or more per week (score 6) |
| **How often do you have involuntary defaecation?** | | |
|  | Daily (score 13) |  |
|  | 1 – 6 times a week (score 7) |
|  | 3 – 4 times a month (score 6) |
|  | A few times a year or less (score 0) |
| **Do you take medication to treat faecal incontinence?** | | |
|  | Yes (score 4) |  |
|  | No (score 0) |
| **Do you experience uncontrollable flatus?** | | |
|  | Yes (score 2) |  |
|  | No (score 0) |
| **Do you have peri-anal skin problems?** | | |
|  | Yes (score 3) |  |
|  | No (score 0) |
| **TOTAL SCORE** | |  |

**General satisfaction**

Please mark the scale with a cross ⌧ to represent your general satisfaction with your bowel management.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Total dissatisfaction = 0  Perfect satisfaction = 10 | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |

**Severity of bowel dysfunction**

|  |  |
| --- | --- |
| 0 – 6 | Very minor |
| 7 – 9 | Minor |
| 10 – 13 | Moderate |
| 14+ | Severe |