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 = 0Perfect 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 |