

## Constipation questionnaire

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

This questionnaire is designed to measure the impact of constipation on your daily life. The questionnaire contains questions about how you feel and how things have been going over the past four weeks. For each question, please circle one number.

The following questions ask you about your <b>symptoms</b> , to what extent.....	Not at all	A little bit	Moderately	Quite a bit	Extremely
Have you had stomach or abdominal pains	1	2	3	4	5
Have you felt bloated, to the point of bursting	1	2	3	4	5
Have you felt heavy?	1	2	3	4	5
Have you had flatulence (wind)?	1	2	3	4	5
Have you had pain when opening your bowels or trying to?	1	2	3	4	5
Have you had painful spasms as a result of taking medicine to help open your bowels?	1	2	3	4	5
The next few questions ask you About the effects of constipation on your <b>daily life</b> . How much of the time.....	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Have you felt any physical discomfort?	1	2	3	4	5
Have you had difficulty concentrating (for example, reading, watching television, working)?	1	2	3	4	5
Have you been embarrassed to be with other people?	1	2	3	4	5
Have you been woken at night because of stomach pains?	1	2	3	4	5
Have you been able to wear the clothes that you wanted to wear?	1	2	3	4	5
Have you been eating less and less because you have not been able to open your bowels	1	2	3	4	5
Have you felt the need to open your bowels but not been able to?	1	2	3	4	5

The next few questions ask you about your <b>feelings</b> . How much of the time .....	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Have you felt irritable?	1	2	3	4	5
Have you been upset by your condition?	1	2	3	4	5
Have you felt obsessed by your condition?	1	2	3	4	5
Have you felt stressed by your condition?	1	2	3	4	5
Have you been less confident?	1	2	3	4	5
The next questions ask about how <b>satisfied</b> you are. To what extent.	Not at all	A little bit	Moderately	Quite a bit	Extremely
Have you been satisfied with how often you open your bowels?	1	2	3	4	5
Have you been satisfied with the regularity with which you open your bowels	1	2	3	4	5
Have you been satisfied with your intestinal transit?	1	2	3	4	5
Have you been satisfied with your treatment?	1	2	3	4	5

