

Constipation Severity Index

For each of the following questions please circle one choice that best quantifies your answer.

Obstructive defecation subscale:

1. How often do you experience incomplete bowel movements?
(0) Never (1) Occasionally (2) Sometimes (3) Usually (4) Always
2. How severe is this symptom for you?
(0) Not at all (1) Mild (2) Somewhat Severe (3) Severe (4) Extremely Severe
3. How much does this bother you?
(0) Not at all (1) A little (2) somewhat (3) Very (4) Extremely

Straining/Difficulty having a bowel movement:

1. How often do you experience this?
(0) Never (1) Occasionally (2) Sometimes (3) Usually (4) Always
2. How severe is this for you?
(0) Not at all (1) Mild (2) somewhat severe (3) Severe (4) Extremely severe
3. How much does this bother you?
(0) Not at all (1) A little (2) Somewhat (3) Very much (4) Extremely bothersome

Colonic Inertia Subscale

Think about when you ARE having difficulty with your bowel habits.

During a typical month how many times do you usually have a bowel movement?

- N/A I never have difficulty with my bowel movements 1
- Daily 2
- A few times per week 3
- Once a week 4
- Once every two weeks 5
- Once per month 6

Infrequent bowel movements (less than 1 bowel movement every 3 days)

- A. How often do you experience infrequent bowel movements?
(0) Never (1) Occasionally (2) Sometimes (3) Usually (4) Always
- B. How severe is this symptom for you?
(0) Not at all (1) Mild (2) Somewhat severe (3) Severe (4) Extremely severe

C. How much does this symptom bother you?

(0) Not at all (1) A little (2) Somewhat (3) Very much (4) Extremely bothersome

Lack of urge to have a bowel movement:

A. When you lack the urge to have a bowel movement, how severe is this for you?

(0) Not at all (1) Mild (2) Somewhat severe (3) Severe (4) Extremely Severe

B. When you lack the urge to have a bowel movement, how much does this bother you?

(0) Not at all (1) A little (2) Somewhat (3) Very much (4) Extremely bothersome

Pain Subscale:

Rectal/anal pain due to your bowel movements:

A. During the last month how severe was the pain in your rectum/anus?

(0) Not at all (1) Mild (2) Somewhat severe (3) Severe (4) Extremely severe

B. Rate the level of your anal/rectal pain at the movement.

(0) No pain (1) Mild (2) Somewhat severe (3) Severe (4) Extremely Severe

C. How much suffering do you experience because of the rectal/anal pain?

(0) None (1) Mild (2) Somewhat severe (3) Severe (4) Extremely Severe

During the past month, due to your bowel habits, how often have you had bleeding during/after bowel movement?

(0) Never (1) Rarely (2) Occasionally (3) Usually (4) Always