**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
- [ ] Daily
- [ ] A few times per week
- [ ] Once a week
- [ ] Once every two weeks
- [ ] Once per month

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