

Bowel Function Questionnaire

Patient Name: _____

Date: _____

Please select the answer to each question that best fits your situation for a NORMAL week:

1. Frequency of stools per day:
 - ☐ 0-1 stool per day
 - ☐ 2 stools per day
 - ☐ 3 stools per day
 - ☐ 4 or more stools per day
2. Require use of a laxative or stool softener:
 - ☐ Never/almost never
 - ☐ 1-2 times per week
 - ☐ More than 2 times per week
3. Which best describes the consistency of your stools:
 - ☐ Separate hard lumps (hard to pass)
 - ☐ Sausage-shaped but lumpy
 - ☐ Like a sausage but with cracks on its surface
 - ☐ Like a sausage/snake, smooth and soft
 - ☐ Soft blobs with clear-cut edges (passed easily)
 - ☐ Fluffy pieces with ragged edges, a mushy stool
 - ☐ Watery, no solid pieces (entirely liquid)
4. Urgency of Stools:
 - ☐ No urgency
 - ☐ Somewhat urgent
 - ☐ Urgent
 - ☐ Very Urgent
5. Abdominal discomfort with bowel movement:
 - ☐ No discomfort
 - ☐ Mild to moderate discomfort
 - ☐ Somewhat severe discomfort
 - ☐ Very severe discomfort
6. Hemorrhoidal discomfort:
 - ☐ No hemorrhoids/no applicable
 - ☐ History of hemorrhoid but no current symptoms
 - ☐ No discomfort
 - ☐ Requires mild treatment (i.e. Sitz bath)
 - ☐ Requires topical medications
 - ☐ Requires oral analgesics or narcotic relief
7. Rectal bleeding/blood with bowel movements:
 - ☐ No rectal bleeding
 - ☐ Blood on toilet paper – 1 time per week
 - ☐ 2-3 times per week
 - ☐ 4 or more times per week
8. Bowel continence:
 - ☐ Normal continence: able to control stool movements at all times
 - ☐ Gas incontinence only: able to control stool movements but not gas
 - ☐ Minor spotting or leakage of stool (up to coin size) about once per week
 - ☐ Minor spotting or leakage of stool (up to coin size) more than once per week
 - ☐ Significant leakage of stool (larger than coin size) about once per week
 - ☐ Significant leakage of stool (larger than coin size) more than once per week
9. Nighttime bowel movements (total number of nights in the last week that you had to get up from bed to have a bowel movement):
 - ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4
 - ☐ More than 4
10. Completeness of evacuation:
 - ☐ Complete evacuation (requires one movement to completely empty bowel or feel you're "all done")
 - ☐ Occasional multiple evacuations (about once a week feel like you're not "all done" or it takes more than one movement to finish)
 - ☐ Frequent multiple evacuations (more than once a week feel like you're not "all done" or it takes more than one movement to finish)
 - ☐ Requires enema to obtain complete emptying