

## **Bowel function questionnaire**

**The aim of this questionnaire is to assess your bowel function.**

**Please tick only one box for each question. It may be difficult to select only one answer, as we know that for some patients symptoms vary from day to day. We would kindly ask you to choose one answer which best describes your daily life. If you have recently had an infection affecting your bowel function, please do not take this into account and focus on answering questions to reflect your usual daily bowel function.**

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**Do you ever have occasions when you cannot control your flatus (wind)?**

- No, never
- Yes, less than once per week
- Yes, at least once per week

**Do you ever have any accidental leakage of liquid stool?**

- No, never
- Yes, less than once per week
- Yes, at least once per week

**How often do you open your bowels?**

- More than 7 times per day (24 hours)
- 4-7 times per day (24 hours)
- 1-3 times per day (24 hours)
- Less than once per day (24 hours)

**Do you ever have to open your bowels again within one hour of the last bowel opening?**

- No, never
- Yes, less than once per week
- Yes, at least once per week

**Do you ever have such a strong urge to open your bowels that you have to rush to the toilet?**

- No, never
- Yes, less than once per week
- Yes, at least once per week