

Name \_\_\_\_\_ Date \_\_\_\_\_

## POST RECTAL SURGERY BOWEL FUNCTION QUESTIONNAIRE

This questionnaire is designed to help you and your physicians to better understand how much the surgery affected your bowel habits and monitor how it improves over time.

1. How many stools did you have daily, before your surgery:

- 0-2       3-5       more than 6 daily

2. Did you experience any leakage of stool or inability to control your stools before surgery?       yes       no

3. How many stools are you now having daily:

- 0-2       3-5       6-10       10-15       >16 stools daily

4. Please check all of the statements that apply to your current bowel habits:

- Stools are smaller than normal.  
 Some stools are softer or mushier than before.  
 I have had a lot of watery stools or diarrhea.  
 I have to strain to have a bowel movement.  
 I have a lot of cramping with a bowel movement.  
 Some foods cause more stools than other foods.

If this applies, please write in the foods that cause the most problems: \_\_\_\_\_

- I have to wear a pad or put extra toilet tissue inside my underwear because of stools leaking out without my awareness.  
 I may find that I will have some stools at night while I am sleeping.  
 I have difficulty telling the difference between "gas" and "stool" in the rectum  
 I have trouble waiting (such as 15 minutes) to get to the toilet.  
 I have been embarrassed to discuss these changes with my family or my doctor.  
 I may have to have another stool within 15 minutes of the last bowel movement.  
 I have tried changing my diet to improve the stool pattern.  
 I have started using the following medications to help control the frequent stools:  
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