

Obstructive Defecation Scoring Form - ODS

Date: _____

Patient Name: _____

DOB: _____

MR: _____

Please answer the questions according to your incidents. Circle one box for each item listed.

Variables	Score 0	1	2	3	4
Mean time spent at the toilet	<5min	6-10min	11-20min	21-30min	>30min
Number of attempts to defecate per day	One	Two	Three-Four	Five-Six	>Six
Anal/vaginal digitation	Never	>1/month, <1week	one a week	Two to Three per week	Ever defecation
Use of laxatives	Never	>1/month, <1week	one a week	Two to Three per week	Every Day
Use of enemas	Never	>1/month, <1week	one a week	Two to Three per week	Every Day
Incomplete/fragmented defecation	Never	>1/month, <1week	one a week	Two to Three per week	Every Defecation
Straining at defecation	Never	<25% of the time	<50% of the time	<75% of the time	Every Defecation
Stool consistency	Soft	Hard	Hard and Few	Fecaloma Formation	

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COLORECTAL DISEASE, 10(1), Altomare DF, "Set-up and statistical validation of a new scoring system for obstructed defecation syndrome", 84-88, Jan 2008

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