

PAC-QOL©

PATIENT ASSESSMENT OF CONSTIPATION

The following questions are designed to measure the impact constipation has had on your daily life over the past 2 weeks. For each question, please check one box.

The following questions ask about your symptoms related to constipation. During the past 2 weeks, to what extent or <u>intensity</u> have you...	Not at all 1	A little bit 2	Moderately 3	Quite a bit 4	Extremely 5
1. felt bloated to the point of bursting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. felt heavy because of your constipation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The next few questions ask about how constipation affects your <u>daily life</u> . During the past 2 weeks, how much of the time have you...	None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5
3. felt any physical discomfort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. felt the need to have a bowel movement but not been able to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. been embarrassed to be with other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. been eating less and less because of not being able to have bowel movements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>The next few questions ask about how constipation affects your <u>daily life</u>. During the past 2 weeks, to what extent or intensity have you...</p>	<p>Not at all 0</p>	<p>A little bit 1</p>	<p>Moderately 2</p>	<p>Quite a bit 3</p>	<p>Extremely 4</p>
7. had to be careful about what you eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. had a decreased appetite?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. been worried about not being able to choose what you eat (for example, at a friend's house)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. been embarrassed about staying in the bathroom for so long when you were away from home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. been embarrassed about having to go to the bathroom so often when you were away from home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. been worried about having to change your daily routine (for example, traveling, being away from home)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>The next few questions ask about your <u>feelings</u> related to constipation. During the past 2 weeks, how much of the time have you...</p>	<p>None of the time 1</p>	<p>A little of the time 2</p>	<p>Some of the time 3</p>	<p>Most of the time 4</p>	<p>All of the time 5</p>
13. felt irritable because of your condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. been upset by your condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. felt obsessed by your condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. felt stressed by your condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. felt less self-confident because of your condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. felt in control of your situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>The next questions ask about your <u>feelings</u> related to constipation. During the past 2 weeks, to what extent or intensity have you...</p>	<p>Not at all 0</p>	<p>A little bit 1</p>	<p>Moderately 2</p>	<p>Quite a bit 3</p>	<p>Extremely 4</p>
<p>19. been worried about not knowing when you are going to be able to have a bowel movement?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>20. been worried about not being able to have a bowel movement?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>21. been more and more bothered by not being able to have a bowel movement?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>The next questions ask about your <u>life with constipation</u>. During the past 2 weeks, how much of the time have you...</p>	<p>None of the time 1</p>	<p>A little of the time 2</p>	<p>Some of the time 3</p>	<p>Most of the time 4</p>	<p>All of the time 5</p>
<p>22. been worried that your condition will get worse?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>23. felt that your body was not working properly?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>24. had fewer bowel movements than you would like?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>The next questions ask about your <u>degree of satisfaction</u> related to constipation. During the past 2 weeks, to what extent or intensity have you been...</p>	<p>Not at all 0</p>	<p>A little bit 1</p>	<p>Moderately 2</p>	<p>Quite a bit 3</p>	<p>Extremely 4</p>
<p>25. satisfied with how often you have a bowel movement?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>26. satisfied with the regularity of your bowel movements?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>27. satisfied with the time it takes for food to pass through the intestines?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>28. satisfied with your treatment?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>