Please answer yes or no. Some questions require you to circle the best answer.

1. Do either of these situations apply to you? If yes, circle one or both:
   (a) I often feel as if my rectum is full; I just can’t evacuate it.
   (b) Once I have passed stool, I frequently feel there is still more feces in my rectum; I just can’t evacuate it.

2. Have you ever experienced rectal trauma?
   [ ] Yes  [ ] No

3. Do you ever have involuntary leakage of stool?
   [ ] Yes  [ ] No

4. Do you ever notice that you pass mucus out of the anus?
   [ ] Yes  [ ] No

5. Do you ever use your fingers to assist with defecation?
   [ ] Yes  [ ] No

6. Does any sort of “mass” or flesh come out of your anus and then go back inside?
   [ ] Yes  [ ] No

7. If so, how big is it (circle, or describe): cherry sized, plum sized, orange sized, grapefruit sized.
   Other: _________________________________________

8. If you have such a mass:
   Does it go back in on its own?
   [ ] Yes  [ ] No
   Do you somehow squirm it back in?
   [ ] Yes  [ ] No
   Do you push it back with your fingers?
   [ ] Yes  [ ] No

9. Were you constipated as a child?
   [ ] Yes  [ ] No

10. Do you have a family history of constipation?
    If so, circle: Mother, Sister, or other: _______________________

11. How many times do you get up at night to defecate? _________________

12. Do you presently use (circle all that apply):
    Laxatives, herbal laxatives, stool softeners, MiraLAX, mineral oil, fiber supplements, suppositories.
    Other: _______________________

13. Do you give yourself enemas?
    If so, (circle): Fleets type; large bag of liquid.
    [ ] Yes  [ ] No
14. During defecation do you find that leaning in one direction helps the stool come out?  
   a. If so, circle which direction: to the left, to the right, forwards, backwards.  
   b. When the stool is coming out of your anus, does it ever veer to the left or the right (instead of dropping straight)?

   □ Yes □ No

15. What is the usual character of your stool (circle): Diarrhea; loose; normal consistency; hard; rock hard; big bulky stools; pellets; thin and pencil like.  
   Other: ____________________

16. On average, how long, in a 24-hour period, do you spend sitting on the toilet?  
   Your answer should be a single block of time (example: 20 minutes; 5 hours). In other words, aggregate the times of all your visits to the bathroom (maybe 5 minutes when you get up, 10 minutes after breakfast, and so on through the day) __________

17. Presently, if you were prevented from using laxatives, enemas or other defecation aids, how often do you think you would have a successful bowel movement (for example: every three days; once a week; never): __________

18. If, in your answer to the above question, you said that there are several days between bowel movements (say six days), on the intervening days (say Day 3) would you (circle):
   (a) Have no urge to have a bowel movement.
   (b) Have no urge to defecate, but feel bloating in the abdomen.
   (c) Have an urge to have a bowel movement, but, if you sat on the toilet, you’d be unable to pass stool.
   (d) Have both an urge to defecate and a sensation of bloating, but, once again, be unable to pass stool.

19. Circle all of the people that you’ve consulted about this problem:  
   Family Practitioner, Gastroenterologist, Colo-Rectal Surgeon, Gynecologist, Psychiatrist, Acupuncturist, Chiropractor, Chinese herbalist, Holistic doctor, Naturopathic doctor, Colon Lavage Clinic.  
   Other: __________________

20. Have you had a Dynamic MR Defecography?  
   □ Yes □ No

21. Have you had a previous Defecography test?  
   □ Yes □ No

22. Have you ever been seen or treated in an Ano-Rectal Laboratory?  
   □ Yes □ No

23. Have you had an ultrasound of the anal sphincter?  
   □ Yes □ No

24. Have you had a sigmoidoscopy?  
   □ Yes □ No

25. Have you had a colonoscopy?  
   □ Yes □ No
**DEFECOGRAPHY QUESTIONNAIRE**
*Fluoroscopy or Dynamic Pelvic MR*

26. Have you had abdominal surgery?  
   If yes, please specify: ____________________
   □ Yes □ No

27. Have you had surgery on any of the following?  
   (circle all that apply): Anus, Rectum, Pelvis  
   □ Yes □ No

28. Have you had radiation therapy to pelvis?  
   □ Yes □ No

29. Have you had diverticulitis?  
   □ Yes □ No

30. Have you had a bladder suspension operation?  
   If so, was mesh used?  
   □ Yes □ No

31. Have you had a Sitz Marker test?  
   □ Yes □ No

32. Have you had biofeedback treatment?  
   □ Yes □ No

33. Have you had a lactulose/hydrogen breath test?  
   □ Yes □ No

34. **For men only**, have you had a prostatectomy?  
   □ Yes □ No

**Additional Questions for Women Only:**

35. Number of vaginal deliveries (if applicable) __________

36. Number of C-Sections (if applicable) __________

37. Have you had a hysterectomy?  
   □ Yes □ No

38. During defecation, do you get a sensation of fullness or bulkiness in your vagina?  
   □ Yes □ No

39. Does such a mass come out of your vagina?  
   □ Yes □ No

40. Do you have involuntary leakage of urine?  
   If so, is it spontaneous or with coughing or laughing?  
   □ Yes □ No

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<th>Patient (please print)</th>
<th>Patient Signature</th>
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