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|--|---|---------------------------|
| <p>1. In the last 3 months, how often did you have discomfort or pain anywhere in your abdomen?</p> | <p><input type="checkbox"/> Never <input type="checkbox"/> Less than one day a month <input type="checkbox"/> One day a month <input type="checkbox"/> Two to three days a month <input type="checkbox"/> One day a week <input type="checkbox"/> More than one day a week <input type="checkbox"/> Every day</p> | <p>Skip to question 9</p> |
| <p>2. For women: Did this discomfort or pain occur only during your menstrual bleeding and not at other times?</p> | <p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Does not apply because I have had the change in life (menopause) or I am a male</p> | |
| <p>3. Have you had this discomfort or pain 6 months or longer?</p> | <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> | |
| <p>4. How often did this discomfort or pain get better or stop after you had a bowel movement?</p> | <p><input type="checkbox"/> Never or rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Most of the time <input type="checkbox"/> Always</p> | |
| <p>5. When this discomfort or pain started, did you have more frequent bowel movements?</p> | <p><input type="checkbox"/> Never or rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Most of the time <input type="checkbox"/> Always</p> | |
| <p>6. When this discomfort or pain started, did you have less frequent bowel movements?</p> | <p><input type="checkbox"/> Never or rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Most of the time <input type="checkbox"/> Always</p> | |
| <p>7. When this discomfort or pain started, were your stools (bowel movements) looser?</p> | <p><input type="checkbox"/> Never or rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Most of the time <input type="checkbox"/> Always</p> | |
| <p>8. When this discomfort or pain started, how often did you have harder stools?</p> | <p><input type="checkbox"/> Never or rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Most of the time <input type="checkbox"/> Always</p> | |
| <p>9. In the last 3 months, how often did you have fewer than three bowel movements (0-2) a week?</p> | <p><input type="checkbox"/> Never or rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Most of the time <input type="checkbox"/> Always</p> | |
| <p>10. In the last 3 months, how often did you have hard or lumpy stools?</p> | <p><input type="checkbox"/> Never or rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Most of the time <input type="checkbox"/> Always</p> | |
| <p>11. In the last 3 months, how often did you strain during bowel movements?</p> | <p><input type="checkbox"/> Never or rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Most of the time <input type="checkbox"/> Always</p> | |

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| 12. In the last 3 months, how often did you have a feeling of incomplete emptying after bowel movements? | <input type="checkbox"/> Never or rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Most of the time <input type="checkbox"/> Always | |
| 13. In the last 3 months, how often did you have a sensation that the stool could not be passed, (i.e., blocked), when having a bowel movement? | <input type="checkbox"/> Never or rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Most of the time <input type="checkbox"/> Always | |
| 14. In the last 3 months, how often did you press on or around your bottom or remove stool in order to complete a bowel movement? | <input type="checkbox"/> Never or rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Most of the time <input type="checkbox"/> Always | |
| 15. In the last 3 months, how often did you have difficulty relaxing or letting go to allow the stool to come out during a bowel movement? | <input type="checkbox"/> Never or rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Most of the time <input type="checkbox"/> Always | |
| 16. Did any of the symptoms of constipation listed in questions 9-15 above begin more than 6 months ago? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 17. In the last 3 months, how often did you have loose, mushy or watery stools? | <input type="checkbox"/> Never or rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Most of the time <input type="checkbox"/> Always | |

C3. Functional Constipation Diagnostic Criteria*

1. Must include two or more of the following:
 - a) Straining during at least 25% of defecations
At least often. (question 11>1)
 - b) Lumpy or hard stools at least 25% of defecations
At least often. (question 10>1)
 - c) Sensation of incomplete evacuation at least 25% of defecations
At least sometimes. (question 12>0)
 - d) Sensation of anorectal obstruction/blockage at least 25% of defecations
At least sometimes. (question 13>0)
 - e) Manual maneuvers to facilitate at least 25% of defecations (e.g., digital evacuation, support of the pelvic floor)
At least sometimes. (question 14>0)
 - f) Fewer than three defecations per week
At least often. (question 9>1)
2. Loose stools are rarely present without the use of laxatives.
Loose stools occur never or rarely (question 17=0)
3. Insufficient criteria for IBS
Diagnostic criteria for IBS not met

*Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis
Yes. (question 16=1)

F3: Functional Defecation Disorders

The diagnostic criteria define FDD solely in terms of laboratory tests. However, the following questions may identify probable cases who would require further investigation to confirm diagnosis. A response of at least 'often' to any of these questions identifies a probable case of FDD:

Straining during bowel movements (question 11>1)

Feeling of incomplete evacuation (question 12>1)

Sensation of blocked stools (question 13>1)

Manual maneuvers to facilitate defecation (question 14>1)

Difficulty relaxing to allow defecation (question 15 >1)

AND criteria for functional constipation are fulfilled

AND onset of constipation symptoms began more than 6 months previously

Yes. (question 16=1)

Diagnostic Criteria for IBS (Exclusion Criteria for Constipation)*

Recurrent abdominal pain or discomfort** at least 3 days/month in last 3 months associated with **two or more** of criteria #1 - #3 below:

Pain or discomfort at least 2-3 days/month (question 1>2)

For women, does pain occur only during menstrual bleeding? (question 2=0 or 2)

1. Improvement with defecation

Pain or discomfort gets better after BM at least sometimes (question 4>0)

2. Onset associated with a change in frequency of stool

Onset of pain or discomfort associated with more stools at least sometimes (question 5>0)

OR

Onset of pain or discomfort associated with fewer stools at least sometimes (question 6>0)

3. Onset associated with a change in form (appearance) of stool

Onset of pain or discomfort associated with looser stools at least sometimes (question 7>0)

OR

On set of pain or discomfort associated with harder stools at least sometimes (question 8>0)

*Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis

Yes. (question 3=1)