Constipation Module

In the last 3 months, how usually did you have discomfort or ache anywhere in your abdomen?

- Never
- Less than at some point a month
- One day a month
- Three days a month
- Four days a month
- Five days a month
- More than at some point a week
- Every day
- Skip to question 92.

For ladies: Did this discomfort or ache happen only during your menstrual bleeding and not at other times?

- No
- Yes
- Does not apply because I truly have had the change in life (menopause) or I am a male.

Have you had this discomfort or pain 6 months or longer?

- No
- Yes

How typically did this discomfort or pain get higher or cease after you had a bowel movement?

- Never or hardly ever
- Sometimes
- Often
- Most of the time
- Always

When this discomfort or pain began, did you have extra frequent bowel movements?

- Never or rarely
- Sometimes
- Often
- Most of the time
- Always

When this discomfort or pain began, did you have less frequent bowel movements?

- Never or rarely
- Sometimes
- Often
- Most of the time
- Always

When this discomfort or pain began, had your stools (bowel movements) been looser?

- Never or not often
- Sometimes
- Often
- Most of the time
- Always

When this discomfort or pain began, had you harder stools?

- Never or hardly ever
- Sometimes
- Often
- Most of the time
- Always

In the last 3 months, how typically did you have fewer than three bowel movements (0-2) a week?

- Never or rarely
- Sometimes
- Often
- Most of the time
- Always

In the last 3 months, how typically did you have onerous or lumpy stools?

- Never or hardly ever
- Sometimes
- Often
- Most of the time
- Always

In the last 3 months, how typically did you experience a sensation that the stool couldn't be passed, (i.e., blocked), when having a bowel movement?

- Never or hardly ever
- Sometimes
- Often
- Most of the time
- Always

In the final three months, how typically did you press on or round your bottom or remove stool to find a way to complete a bowel movement?

- Never or rarely
- Sometimes
- Often
- Most of the time
- Always

Did any of the symptoms of constipation listed in questions 9-15 above start greater than 6 months ago?

- No
- Yes

In the last 3 months, how often did you have loose, mushy or watery stools?

- Never or rarely
- Sometimes
- Often
- Most of the time
- Always
**Functional Constipation**

Diagnostic criteria*1. Must embrace two or more of the next:a) Straining during no much less than 25% of defecationsAt least often. (question 11>1)b) Lumpy or onerous stools at least 25% of defecationsAt least typically. (question 10>1)c) Sensation of incomplete evacuation a minimum of 25% of defecations. At least generally. (question 12>0)d) Sensation of anorectal obstruction/blockage at least 25% of defecationsAt 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 generally. (question 14>0)f) Fewer than three defecations per weekAt least often. (question 9>1)

Loose stools are not often present without the usage of laxatives. Loose stools happen by no means or rarely (question 17=0)three. Insufficient criteria for IBS Diagnostic standards for IBS not met* Criteria fulfilled for the last 3 months with symptom onset at least 6 months previous to analysisYes. (question 16=1).

**F3: Functional Defecation Disorders**

The diagnostic standards define FDD solely when it comes to laboratory tests. However, the following questions may establish possible cases who would require additional investigation to verify prognosis. A response of a minimal of ‘often’ to any of those questions identifies a probable case of FDD: Straining throughout 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 started more than 6 months previously.

Yes. (question 16=1) Diagnostic Criteria for IBS (Exclusion Criteria for Constipation)* Recurrent stomach ache or discomfort** a minimum of 3 days/month in last three months associated with two or more of standards #1 - #3 below: Pain or discomfort at least generally (question 1>2).

**For ladies, does pain happen solely during menstrual bleeding? (question 2=0 or 2)1.**

Improvement with defecation Pain or discomfort gets better after BM at least generally (question 4>0)2. Onset related to a change in frequency of stool Onset of ache or discomfort associated with extra stools no less than generally (question 5>0), OR Onset of ache or discomfort associated with fewer stools no much less than typically (question 6>0)3.

Onset associated with a change in kind (appearance) of stool Onset of pain or discomfort associated with looser stools a minimum of typically (question 7>0), OR Onset of pain or discomfort associated with tougher stools no much less than generally (question 8>0)* Criteria fulfilled for the final 3 months with symptom onset a minimal of 6 months prior to diagnosis Yes. (question 3=1)