



Bowel Symptom Questionnaire

Which symptoms best describe you? Check all that apply.

- Accidental loss or leakage of stool — sometimes unable to get to a bathroom in time
- Bowel accidents while unaware — no warning and/or while asleep
- Frequent, loose, watery stools
- Sudden or strong urge to go to the bathroom
- Bowel accidents when passing gas
- No bowel problems (if checked, please discontinue questionnaire)

On a scale of 0 to 10 – 0 being no frustration, 10 being extremely frustrated, what is the level of frustration with your bowel control symptoms? (Circle one)

0 1 2 3 4 5 6 7 8 9 10

Not frustrated

Very frustrated

Are you interested in learning about treatment alternatives to medications?

Yes

No