

Initials:

Date of birth:

Salisbury Regional Spinal Centre Peristeen Questionnaire

	Score
<p>How often do you defaecate?</p> <p><input type="radio"/> Daily (score 0)</p> <p><input type="radio"/> 2-6 times per week (score 1)</p> <p><input type="radio"/> Less than once per week (score 6)</p>	
<p>How much time do you spend on each defaecation?</p> <p><input type="radio"/> Less than 30 min. (score 0)</p> <p><input type="radio"/> 31-60 min. (score 3)</p> <p><input type="radio"/> More than an hour (score 7)</p>	
<p>Do you experience uneasiness, sweating or headaches during or after defaecation?</p> <p><input type="radio"/> Yes (score 2)</p> <p><input type="radio"/> No (score 0)</p>	
<p>Do you take tablets, drops or liquid to treat constipation?</p> <p><input type="radio"/> Yes (score 2)</p> <p><input type="radio"/> No (score 0)</p>	
<p>How often do you use digital evacuation?</p> <p><input type="radio"/> Less than once per week (score 0)</p> <p><input type="radio"/> Once or more per week (score 6)</p>	
<p>How often do you have involuntary defaecation?</p> <p><input type="radio"/> Daily (score 13)</p> <p><input type="radio"/> 1-6 times a week (score 7)</p> <p><input type="radio"/> 3-4 times a month (score 6)</p> <p><input type="radio"/> A few times a year or less (score 0)</p>	
<p>Do you take medication to treat faecal incontinence?</p> <p><input type="radio"/> Yes (score 4)</p> <p><input type="radio"/> No (score 0)</p>	
<p>Do you experience uncontrollable flatus?</p> <p><input type="radio"/> Yes (score 2)</p> <p><input type="radio"/> No (score 0)</p>	
<p>Do you have peri-anal skin problems?</p> <p><input type="radio"/> Yes (score 3)</p> <p><input type="radio"/> No (score 0)</p>	

	<p>Do you experience any rectal bleeding?</p> <p><input type="radio"/> Every defecation act (score 6)</p> <p><input type="radio"/> More often than not (score 4)</p> <p><input type="radio"/> Infrequently (score 2)</p> <p><input type="radio"/> Never (score 0)</p>	
	<p>Do you experience any soiling?</p> <p><input type="radio"/> Regular heavy soiling (score 4)</p> <p><input type="radio"/> Regular soiling (score 3)</p> <p><input type="radio"/> Occasional soiling (score 2)</p> <p><input type="radio"/> Infrequent soiling (score 1)</p> <p><input type="radio"/> No (score 0)</p>	
	<p>The Cumbria Quality of Life Score Pre Irrigation</p> <p>Using the scale below, how bad does your problem make you feel?</p> <p> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </p> <p>0 1 2 3 4 5</p>	
	<p>The Cumbria Quality of Life Score 8 weeks Post Irrigation</p> <p>Using the scale below, how bad does your problem make you feel?</p> <p> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </p> <p>0 1 2 3 4 5</p>	

General satisfaction

Please mark the scale below with a cross (x) to represent your general satisfaction with your bowel management.

0 1 2 3 4 5 6 7 8 9 10

(Total dissatisfaction = 0 / Perfect satisfaction = 10)

Score

Severity of bowel dysfunction

Score 0–6: Very minor

Score 7–9: Minor

Score 10–13: Moderate

Score 14+: Severe