

Center for Colon & Rectal Health Constipation Questionnaire

Name: _____ Date: _____

ODS Score (please circle)/Constipation

MECHANICAL AID (ENEMAS OR SUPPOSITORIES)	
Never	0
Less than once weekly	1
1-6 times weekly	2
Every day	3
DIFFICULTIES TO EVACUATE	
Never	0
Less than once weekly	1
1-6 times weekly	2
Every day	3
USE FINGERS TO EVACUATE	
Never	0
Less than once weekly	1
1-6 times weekly	2
Every day	3
RETURN TO THE TOILET TO EVACUATE	
Never	0
Less than once weekly	1
1-6 times weekly	2
Every day	3

FEELING OF INCOMPLETE EVACUATION	
Never	0
Less than once weekly	1
1-6 times weekly	2
Every day	3
STRAINING TO EVACUATE	
Never	0
Sometimes	1
Often	2
Always	3
TIME NEEDED TO EVACUATE	
Less than 5 minutes	0
6-10 minutes	1
11-20 minutes	2
More than 20 minutes	3
LIFESTYLE ALTERATIONS	
None	0
Rarely	1
Sometimes	2
Always	3
TOTAL	

(Minimum Score of 8)