

Please answer the following questions regarding your bowel habits

| 1. How many bowel movements do you have per day? | |
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| 2. What is the nature of the stool formation (loose, watery, hard, small, tar-like etc) | |
| 3. Are you troubled with excessive gas? | |
| 4. Do you experience pain during or after elimination? | |
| 5. Are you aware of any pain or inflammation in the rectum? | |
| 6. Do you pass blood after stool? | |
| 7. What position do you assume for defecation? | |
| 8. Must you strain to eliminate? | |
| 9. Do you answer nature's call promptly? | |
| 10. Is there any mucous in the stool? | |
| 11. Do you take Laxatives? A. What kind? B. For how long? | |
| 12. Have you had any surgeries? | |