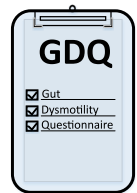


Name: \_\_\_\_\_

Today's date: \_\_\_\_\_

Sex:  male  female  divers

Age: \_\_\_\_\_ years



## **GUT DYSMOTILITY QUESTIONNAIRE (GDQ)**

This questionnaire is asking about your gastrointestinal function during the **past 3 months**. Please answer the questions by marking the boxes. For each question only one answer is allowed. Please mark the answer, which describes your situation within the **past 3 months** the best.

The questionnaire is meant to be self-completed. Please answer the questions the best you can, if needed with support of your carer.

**1. How many successful bowel movements per week have you usually had during the past 3 months?**

- 5 times per week or more     3 - 4 times per week     Twice per week     Once per week or less

**2. Constipation can be described as having less than three bowel movements per week. For how many years have you had less than three bowel movements per week?**

- Not applicable     Less than 5 years     Between 5 and 10 years     More than 10 years

**3. How often did you have to squeeze to pass stool during the past 3 months?**

- Never     Rarely/sometimes     Often     Mostly/always

**4. How often have you felt a constriction or blockage (in your anus), which made it difficult to pass stool during the past 3 months?**

- Never     Rarely/sometimes     Often     Mostly/always

**5. How often have you felt that your bowel movement was incomplete after passing stool during the past 3 months?**

- Never     Rarely/sometimes     Often     Mostly/always

**6. How much time did you need per bowel movement on average during the past 3 months?**

- Less than 5 minutes     Between 5 and 10 minutes     Between 10 and 20 minutes     More than 20 minutes

**7. How often have you felt a painful pull in your stomach or unpleasant bloating during the past 3 months?**

- Never     Rarely/sometimes     Often     Mostly/always

**8. How severe was the painful pull in your stomach or unpleasant bloating during the past 3 months?**

- Not applicable     Mild     Moderate     Severe

**9. How often have you suffered from rectal pain (in your anus) during a bowel movement or from an unpleasant rectal sensation (fullness) during the past 3 months?**

- Never     Rarely/sometimes     Often     Mostly/always

**10. How severe was your rectal pain (in your anus) during a bowel movement or the unpleasant rectal sensation (fullness) during the past 3 months?**

- Not applicable     Mild     Moderate     Severe

**11. How often have you used laxatives (medicine/food) during the past 3 months?**

- Never                       Rarely/sometimes     Often                       Mostly/always

**12. Have you used enemas or manual help to empty your bowels during the past 3 months?**

- Never                       Rarely/sometimes     Often                       Mostly/always

**13. How often was the consistency of your stool liquid during the past 3 months?**



- Never                       Rarely/sometimes     Often                       Mostly/always

**14. How often was the consistency of your stool soft during the past 3 months?**

*(For example like a sausage)*



- Mostly/always             Often                       Rarely/sometimes     Never

**15. How often was the consistency of your stool hard during the past 3 months?**

*(For example like a lumpy sausage or separate lumps)*



- Never                       Rarely/sometimes     Often                       Mostly/always

**16. Have you been satisfied with your bowel activity during the past 3 months?**

- Satisfied                       Somewhat dissatisfied     Moderately dissatisfied     Very dissatisfied

**17. Have your bowel movements affected your activities of daily life during the past 3 months?** *(For example, due to physical discomfort, the duration of toilet visits, by thoughts about this issue.)*

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> No, none or minor difficulties. My activities or my well-being are not affected. | <input type="checkbox"/> Yes, some difficulties, which affect my activities or my well-being. | <input type="checkbox"/> Yes, severe difficulties, which affect my activities or my well-being, but do not stop me from any activities. | <input type="checkbox"/> Yes, very severe difficulties, which affect my activities or my well-being and stop me from activities. |
|---|---|---|--|

**18. Please mark the box, which best describes the development of your constipation during the past 3 months:**

No constipation

**OR**

- |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -5                       | -4                       | -3                       | -2                       | -1                       | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        |
| Getting worse            |                          |                          | No change                |                          |                          |                          |                          | Getting better           |                          |                          |

***Thank you for completing this questionnaire.  
May we ask who completed this questionnaire?***

- Patient     Carer     Patient and carer