
Appendix. Questionnaire Items

Q1. Do you consider yourself to be constipated?

1. Yes, 2. No

Q2. Do you consider constipation to be a medical condition?

1. Yes, 2. No

Q3. How many times a week do you typically defecate?

- Times/week

Q4. What is your typical defecation interval?

- Days

Q5. How was your appearance of stool ? (Using Bristol stool scale chart)

1. Bristol 1 or 2, 2. Bristol 3 or 4 or 5, 3. Bristol 6 or 7

Q6. How often did you have hard or lumpy stool ?

1. Never or Rarely, 2. Once per 4 times, 3. Once per 3 times, 4. Once per twice, 5. Always

Q7. How often did you strain at stool during bowel movement ?

1. Never or Rarely, 2. Once per 4 times, 3. Once per 3 times, 4. Once per twice, 5. Always

Q8. How often did you have a sensation that the stool could not be passed, (ie, was blocked), when having a bowel movement?

1. Never or Rarely, 2. Once per 4 times, 3. Once per 3 times, 4. Once per twice, 5. Always

Q9. How often did you press on or around your bottom in order to complete a bowel movement?

1. Never or Rarely, 2. Once per 4 times, 3. Once per 3 times, 4. Once per twice, 5. Always

Q10. How often did you have difficulty relaxing or letting go to allow the stool to come out during a bowel movement?

1. Never or Rarely, 2. Once per 4 times, 3. Once per 3 times, 4. Once per twice, 5. Always

Q11. How often do you experience abdominal discomfort or pain?

1. Never or Rarely, 2. Once per 4 times, 3. Once per 3 times, 4. Once per twice, 5. Always

Q12. How long do the above symptom(s) typically persist?

1. Less for 3 months, 2. for 3 months to 6 months, 3. Above for 6 months

Q13. What is your remedy for constipation?

1. Devised meal, 2. Sleep reservation, 3. Intake of liquid, 4. Use of bidet – toilet,
5. Avoid stress, 6. Take exercise, 7. Take OTC, 8. Visit hospital
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OTC, over the counter.