## **Gastrointestinal Constipation**

Please respond to each question or statement by marking one box.

In the past 7 days...

1 GISX6 3	How often did you pass very hard or lumpy stools?		
	1	Never → If Never, go to #3	
	2	One day	
	3	2-6 days	
	2 3 4 5	Once a day	
	5	More than once a day	
	1		
2 GISX6 4	How mu	uch did hard or lumpy stools bother you?	
	1	Not at all	
		A little bit	
	3	Somewhat	
	2 3 4 ————————————————————————————————	Quite a bit	
	5	Very much	
3 GISX6 5	How of	ten did you strain while trying to have bowel movements?	
		Never → If Never, go to #6	
		Rarely	
	2 3 4	Sometimes	
		Often	
	5	Always	
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## In the past 7 days...

4 GISX6	How m	uch did you usually strain while trying to have a bowel movement?		
6				
	1	Not at all		
	2	A little bit		
	3	Somewhat		
	3 □ 4	Quite a bit		
	5	Very much		
5 GISX6 7	How much did straining during bowel movements bother you?			
		Not at all		
	2	A little bit		
	3	Somewhat		
	2 3 4	Quite a bit		
	5	Very much		
6 GISX6 8	How often did you feel pain in your rectum or anus while trying to have bowel movements?			
	1	Never → If Never, go to #8		
	2	Rarely		
	3	Sometimes		
	3 □ 4	Often		
	5	Always		

## In the past 7 days...

7 GISX6 9	At its v	worst, how would you rate the pain in your rectum or anus during bowel movements?
	1	Not bad at all
	2	A little bad
	3	Somewhat bad
	4	Quite bad
	5	Very bad
8 GISX7 2	How o stool?	ften after a bowel movement did you feel unfinished - that is, that you had not passed all your
	1	Never
	2	Rarely
	3	Sometimes
	4	Often
	5	Always
9 GISX7 4	How o	ften did you use your finger or toilet paper to get out a stool?
	1	Never
	2	Rarely
	3	Sometimes
	4	Often
	5	Always