

NAME:

## PAC-SYM

This questionnaire asks you about your constipation in the **past 2 weeks**. Answer each question according to your symptoms, as accurately as possible. There are no right or wrong answers.

For each symptom below, please indicate **how severe** your symptoms have been during the **past 2 weeks**. If you have not had the symptom during the past 2 weeks, check 0. If the symptom seemed mild, check 1. If the symptom seemed moderate, check 2. If the symptom seemed severe, check 3. If the symptom seemed very severe, check 4. Please be sure to answer every question.

How severe have each of these symptoms been in the last 2 weeks	Absent	Mild	Moderate	Severe	Very Severe
	0	1	2	3	4
Discomfort in your abdomen					
Pain in your abdomen					
Bloating in your abdomen					
Stomach cramps					
Painful bowel movements					
Rectal burning during or after a bowel movement					
Incomplete bowel movement, like you didn't "finish"					
Bowel movements that were too hard					
Bowel movements that were too small					
Straining or squeezing to try to pass bowel movements					
Feeling like you have to pass a bowel movement but you couldn't (false alarm)					

