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Bowel Distress Inventory – Male and Female

Instructions: Please answer these questions by putting a X in the appropriate box. If you are unsure about how to answer a question, give the best answer you can. While answering these questions, please consider your symptoms over the **last 3 months**. Thank you for your help.

Name: _____

Date: _____

1.	Do you feel you need to strain too hard to have a bowel movement?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
	If yes , how much does this bother you?	<input type="checkbox"/> 1 Not at all	<input type="checkbox"/> 2 Somewhat	<input type="checkbox"/> 3 Moderately	<input type="checkbox"/> 4 Quite a bit
2.	Do you feel you have not completely emptied your bowels at the end of a bowel movement?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
	If yes , how much does this bother you?	<input type="checkbox"/> 1 Not at all	<input type="checkbox"/> 2 Somewhat	<input type="checkbox"/> 3 Moderately	<input type="checkbox"/> 4 Quite a bit
3.	Do you usually lose stool beyond your control if your stool is well formed?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
	If yes , how much does this bother you?	<input type="checkbox"/> 1 Not at all	<input type="checkbox"/> 2 Somewhat	<input type="checkbox"/> 3 Moderately	<input type="checkbox"/> 4 Quite a bit
4.	Do you usually lose stool beyond your control if your stool is loose or liquid?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
	If yes , how much does this bother you?	<input type="checkbox"/> 1 Not at all	<input type="checkbox"/> 2 Somewhat	<input type="checkbox"/> 3 Moderately	<input type="checkbox"/> 4 Quite a bit
5.	Do you usually lose gas from the rectum beyond your control?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
	If yes , how much does this bother you?	<input type="checkbox"/> 1 Not at all	<input type="checkbox"/> 2 Somewhat	<input type="checkbox"/> 3 Moderately	<input type="checkbox"/> 4 Quite a bit
6.	Do you usually have pain when you pass your stool?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
	If yes , how much does this bother you?	<input type="checkbox"/> 1 Not at all	<input type="checkbox"/> 2 Somewhat	<input type="checkbox"/> 3 Moderately	<input type="checkbox"/> 4 Quite a bit
7.	Do you experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
	If yes , how much does this bother you?	<input type="checkbox"/> 1 Not at all	<input type="checkbox"/> 2 Somewhat	<input type="checkbox"/> 3 Moderately	<input type="checkbox"/> 4 Quite a bit
8.	Does a part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
	If yes , how much does this bother you?	<input type="checkbox"/> 1 Not at all	<input type="checkbox"/> 2 Somewhat	<input type="checkbox"/> 3 Moderately	<input type="checkbox"/> 4 Quite a bit