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

OTC, over the counter.