PACQPR

PAC-QOL ©

PATIENT ASSESSMENT OF CONSTIPATION ©

The following questions are designed to measure the impact constipation has had on your daily life over **the past 7 days**. For each question, please select one response.

The following questions ask about your symptoms related to constipation. During the past 7 days, to what extent or <u>intensity</u> have you...	**Not at all 0**	**A little bit 1**	**Moderately 2**	**A lot 3**	**Extremely 4**
PQINBLT_STD felt bloated to the point of bursting?	☐	☐	☐	☐	☐
PQINHVY_STD felt heavy because of your constipation?	☐	☐	☐	☐	☐

The next few questions ask about how constipation affects your <u>daily life</u>. During the past 7 days, how often have you...	**Never 0**	**Rarely 1**	**Sometimes 2**	**Often 3**	**Always 4**
PQDLPHD_STD felt any physical discomfort?	☐	☐	☐	☐	☐
PQDLBWL_STD felt the need to have a bowel movement but not been able to?	☐	☐	☐	☐	☐
PQDLEMBP_STD been embarrassed to be with other people?	☐	☐	☐	☐	☐
PQDLLESS_STD eaten less and less because of not being able to have bowel movements?	☐	☐	☐	☐	☐

The next few questions ask about how constipation affects your **daily life**. During the past 7 days, to what extent or intensity have you...	Not at all 0	A little bit 1	Moderately 2	A lot 3	Extremely 4
PQDLCRFL_STD had to be careful about what you eat?	☐	☐	☐	☐	☐
PQDLAPP_STD had a decreased appetite?	☐	☐	☐	☐	☐
PQDLWRCH_STD been worried about not being able to choose what you eat (for example, at a friend's house)?	☐	☐	☐	☐	☐
PQDLEMBL_STD been embarrassed about staying in the bathroom for so long when you were away from home?	☐	☐	☐	☐	☐
PQDLEMBO_STD been embarrassed about having to go to the bathroom so often when you were away from home?	☐	☐	☐	☐	☐
PQDLWRRT_STD been worried about having to change your daily routine (for example, traveling, being away from home)?	☐	☐	☐	☐	☐

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The next few questions ask about your **feelings** related to constipation. During the past 7 days, how often have you...	Never 0	Rarely 1	Sometimes 2	Often 3	Always 4
PQFLIRR_STD felt irritable because of your condition?	☐	☐	☐	☐	☐
PQFLUPS_STD felt distressed by your condition?	☐	☐	☐	☐	☐
PQFLOBS_STD felt obsessed with your condition?	☐	☐	☐	☐	☐
PQFLSTR_STD felt stressed by your condition?	☐	☐	☐	☐	☐
PQFLCONF_STD felt less self-confident because of your condition?	☐	☐	☐	☐	☐
PQFLCNTL_STD felt in control of your situation?	☐	☐	☐	☐	☐

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The next questions ask about your **feelings** related to constipation. During the past 7 days, to what extent or intensity have you...	Not at all 0	A little bit 1	Moderately 2	A lot 3	Extremely 4
PQFLWRKN_STD been worried about not knowing when you are going to be able to have a bowel movement?	☐	☐	☐	☐	☐
PQFLWRAB_STD been worried about not being able to have a bowel movement?	☐	☐	☐	☐	☐
PQFLBOTH_STD been more and more bothered by not being able to have a bowel movement?	☐	☐	☐	☐	☐

The next questions ask about your **life with constipation**. During the past 7 days, how often have you...	Never 0	Rarely 1	Sometimes 2	Often 3	Always 4
PQLFWRS_STD been worried that your condition will get worse?	☐	☐	☐	☐	☐
PQLFBDY_STD felt that your body was not working properly?	☐	☐	☐	☐	☐
PQLFFWR_STD had fewer bowel movements than you would like?	☐	☐	☐	☐	☐

The next questions ask about **your degree of satisfaction** related to constipation. During the past 7 days, to what extent or intensity have you been...	Not at all 0	A little bit 1	Moderately 2	A lot 3	Extremely 4
PQSTOFT_STD satisfied with how often you have a bowel movement?	☐	☐	☐	☐	☐
PQSTREG_STD satisfied with the regularity of your bowel movements?	☐	☐	☐	☐	☐
PQSTFNC_STD satisfied with the time it takes for food to pass through the intestines?	☐	☐	☐	☐	☐
PQSTTRT_STD satisfied with your treatment?	☐	☐	☐	☐	☐

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OPEN_PRDTC

CLOSE_PRDTC

SUBMITDTC