

**SUBJECTIVE HISTORY FORM –
ANORECTAL FUNCTIONAL ASSESSMENT**

Name: _____ Age: _____ Male / Female

1 Patient's Reason for Attending Appointment

Duration of Symptoms _____ Progression: Worsening / Stable / Improving

Triggering Event: _____ VAS - Distress _____ / 10

Previous Treatment _____

Previous Investigations _____

3 Standardised Questionnaire Results

SESSION DATE				
Constipation Scoring System / 30 <small>(Cleveland clinic, Wexner, Agachan)</small>				
Obstructed Defecation Score / 31				
St Mark's Incontinence Score / 24				

4 Diet

Daily Diet v. Specific / Variable Patient Self Rating: Good / Average / Poor Standard / Vegetarian / Vegan / Other

comment: _____

Approx Daily Fibre: _____ g

Approx Daily Fluid: _____ mls

Supplements / Laxatives / Enemas _____

Water: _____ Alcohol: _____

Caffeine: _____ Times: _____

Decaffeinated Coffee Times: _____

5 Bowel Function

Overall Bowel Function Consistent OR Variable Range: 

Patient identified factors (if variable):

Good Symptom Day = _____ days per wk / month
Average Symptom Day = _____ days per wk / month
Severe Symptoms Day = _____ days per wk / month

Bowel Function Continued.....

Bowel Motion - Frequency

Average _____ per day / week

Longest time b/w bowel motions _____

Urge - Frequency

Normal OR Abnormal : Infrequent Urgency Absent Defecation Time _____ Persistent

Sampling Ability

Normal OR Impaired OR Absent

comment: _____

Faecal / Anal Incontinence

Type: Flatus Loose Stool Solid Stool
 Situation: On Urge Post Defecation Poor Sampling
 Passive w Sensation Passive Insensible Stress FI

comment: _____

Abdominal Symptoms

Bloating mild moder severe comment _____
 Cramping mild moder severe comment _____

BOWEL DIARY SUMMARY (or from Patient Description)

Pattern #1: "Good Day": _____ per week / month Aperient _____

	Approx. Time of Urge	Usual Trigger?	Urgency / Deferment Time (min)	Faecal Urge Incon'ce?	Faecal Staining on underwear	Time Spent on Toilet (min)	Straining 0 - 4	Bristol Stool Type	Complete (Y / N)
1									
2									
3									
4									
5									

Other: _____

Pattern #2 – "Average Day": _____ per week / month Aperient _____

	Approx. Time of Urge	Usual Trigger?	Urgency / Deferment Time (min)	Faecal Urge Incon'ce?	Faecal Staining on underwear	Time Spent on Toilet (min)	Straining 0 - 4	Bristol Stool Type	Complete (Y / N)
1									
2									
3									
4									
5									

Other: _____

Pattern #3 – "Worst Day": _____ per week / month Aperient _____

	Approx. Time of Urge	Usual Trigger?	Urgency / Deferment Time (min)	Faecal Urge Incon'ce?	Faecal Staining on underwear	Time Spent on Toilet (min)	Straining 0 - 4	Bristol Stool Type	Complete (Y / N)
1									
2									
3									
4									
5									

Other: _____

6 Morning Routine

Required to leave home at set time N Y _____

Wake-Up Time: _____

Order Sequence (place 'X' if not part of normal routine)

- Fluids _____ _____ seated Y / N
- Eat Breakfast _____ _____ seated Y / N
- Exercise / Walk _____ _____
- Shower _____ _____
- _____ _____
- Toilet _____ _____
- Leave House _____ _____

7 Defecation

Position (circle) Sitting Hover Squat on Toilet

Posture (if sitting) Initiation _____
 During _____

Foot stool No Yes Single (1 for both feet)
 Double (1 per foot)
 Height _____

Pain No Yes before during after
 Type of Pain _____ VAS ___ / 10
 Location _____
 Relieved by Defecation Yes No N/A

Blood No Yes bright / dark
 on toilet paper
 in stool
 in toilet bowl

Mucus No Yes _____
Prolapse No Yes Vaginal Rectal / Anal
 Reduces? No / Yes

Manual Support No Yes Perineal
 Vaginal
 Lateral Anus

Digitation No Yes Frequency: _____

8 Anal Conditions

Haemorrhoids N Y painful / non-painful
 Anal Fissures N Y current / previously
 years: _____
 Rx: _____

Pruritus Ani N Y _____

Other _____

9 Post-Defecation Wiping

Product Used: Toilet Paper
 Other _____

Passes: Normal (1-4)
 Mod Increased (5-8)
 Sig Increased (>8)
 estimate _____

Able to Achieve "Clean" Yes No

10 Protective Garments

Skin Protection Products: No Yes
 Product(s) _____

Pad Use: No Yes
 Type: _____
 # / day: _____

Other: _____

11 Sexual History

Vaginal Intercourse Currently Previously
 Anal Intercourse Currently Previously
 relaxant used? Yes No
 name: _____

Non-consensual SI No / Yes V A
 prev support received Y N
 referral desired by pt Y N U

12 Obstetric History

G _____ P _____ Vaginal: _____ CS _____
 Instrumental: _____
 Birth Weights: _____
 Tears / Trauma: _____
 Other: _____

13 Mental Health

Depression Anxiety OCD
 Other: _____
 Eating Disorder _____
 Significant Life Stress: _____

14 Medical / Surgical History

VALIDATED SCORING SYSTEMS

1. Constipation Score

In the last 4 weeks, or typically for you:	0	1	2	3	4
1. How often have your bowels opened?	1-2 / 1-2 days	2/week	1/week	<1/week	>1/month
2. How often have you had anal / rectal / coccyx pain before, during or after opening your bowels?	Never	Rarely	Sometimes	Usually	Always
3. How often have you felt that your bowels are incompletely emptied, like you didn't finish?	Never	Rarely	Sometimes	Usually	Always
4. How often have you had abdominal pain because of difficulty with your bowels?	Never	Rarely	Sometimes	Usually	Always
5. How long would you normally spend in the lavatory trying to go?	< 5minutes	5-10min	10-20min	20-30min	> 30min
6. Do you need to do the following to help you move your bowels?	No assistance needed	Laxatives	Enemas, suppositories or digital assistance*	*Note: digital assistance refers to placing a finger into the vagina, anus or between to help empty the bowels	
7. On average, how often would you revisit the lavatory because you hadn't completely emptied your bowels?	Never	1-3 per day	3-6 per day	6-9 per day	9+ times per day
8. For how many years have you had difficulty evacuating your bowel?	0	1-5yrs	5-10yrs	10-20yrs	More than 20yrs

2. Obstructed Defecation Score:

In the last 4 weeks, or typically for you:	0	1	2	3	4
1. Mean time spent at the toilet	<5min	6-10min	11-20min	21-30min	>30min
2. Number of attempts to defecate per day	One	Two	Three - Four	Five – Six	Six
3. Anal / Vaginal Digitation	Never	>1/month	1/week	2-3/wk	Every defecation
4. Use of laxatives	Never	>1/month	1/week	2-3/wk	Every day
5. Use of enemas	Never	>1/month	1/week	2-3/wk	Every day
6. Incomplete / fragmented defecation	Never	>1/month	1/week	2-3/wk	Every Defecation
7. Straining at defaecation	Never	<25% of time	<50% of time	<75% of time	Every defecation
8. Stool consistency	Soft	Hard	Hard and Few	Fecaloma Formation	

9. Vaizey Score (St Mark's)

Type of Incontinence	<u>NEVER</u> Never	<u>RARELY</u> <1/month	<u>SOMETIMES</u> >1/month but <1/week	<u>USUALLY</u> >1/week but <1/day	<u>Always</u> >1/day
PART ONE					
Incontinent of Solid Stool	0	1	2	3	4
Incontinent of Liquid Stool	0	1	2	3	4
Incontinent of Gas	0	1	2	3	4
Lifestyle Alteration	0	1	2	3	4
PART TWO			No		Yes
Needing to wear a pad or plug				0	2
Taking constipating medicines				0	2
Lack of ability to defer defecation for 15minutes				0	4