

**CONFIDENTIAL**


	PCT	GP	Arm	Patient	Month		
1-11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>


*lifelayx*

UNIVERSITY OF  
NEWCASTLE UPON TYNE



## **DAILY DIARY**

 Centre for Health Services Research  
School of Population and Health Sciences  
21 Claremont Place  
Newcastle upon Tyne NE2 4AA

 0191 222 6773

ISRCTN7388134

## About this Diary

Thank you for agreeing to complete the daily diary.

It will only take a few minutes to complete each day.

We would like you to keep this diary for four weeks to tell us about your bowel movements and difficulties passing a stool.

By bowel movement we mean passing a stool or emptying your bowels.

The diary is confidential.

If you forget to fill in the diary sometimes, don't worry, just start again at whichever day in the week it is when you remember. It may help to put the diary somewhere where you will see it easily. Please make sure you put a tick on every line. If the answer to a question is 'No' it is important to put a tick in the 'No' box.

Please start filling in the diary on a **Monday evening**. We ask you to fill in the diary in the **evening** so you can look back over the day and record everything that has happened.

This is the date we would like you to start your diary

Date       17

If you started your diary on this day, please tick this box  18

If not, please tell us the date you did start your diary

Date       24

If someone has filled in this diary on your behalf (for example your spouse, a family member or carer), please tick this box  25

**If you have any problems or are unsure about anything when filling in the diary please telephone**

**The Project Secretary (0191) 222 6773**

## EXAMPLE

**WEEK 1 Any day**

- Please write in the box the number of bowel movements you have had today
- This grid asks about difficulty in passing a stool. Please tell us which of the following you have experienced today.

**Please tick Yes or No and make sure you put a tick on every line**

Today, have you ...	Yes 1	No 2
Strained at stool	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Passed hard or lumpy stools	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Had a feeling of incomplete emptying	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Felt your stool could not be passed	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Needed to press around your bottom to help your bowel movement	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- Please tell us whether you have experienced any of these symptoms today and how severe the symptoms were.

**Please make sure you put a tick on every line**

SYMPTOM	None 1	Mild 2	Moderate 3	Severe 4
Abdominal bloating or swelling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal pains/cramps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constant urge to pass a stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Passing wind from back passage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diarrhoea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nausea or vomiting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rumbling noises in gut	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bleeding from back passage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritation/itch/rash or soreness around back passage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel incontinence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anal pain	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- This question asks about medication that you have taken and things that you have done today to help open your bowels.

**Please tick Yes or No and make sure you put a tick on every line**

Measures taken	Yes 1	No 2
I have taken medication prescribed by a doctor for constipation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I have taken a medicine or preparation that I bought myself to help me open my bowels (eg from chemist, health food shop etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I have tried other measures to help with constipation (eg eaten certain foods, exercised, massaged stomach etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

***If you understand how to complete your diary, please begin to fill it in. If you are not clear what to do, please call the telephone number given at the front of this diary and we will be happy to help.***

### ***Help with words and phrases used in the diary***

**Bowel movement:** each time you go to the toilet and pass some waste (even a very small amount) should be counted as a bowel movement.

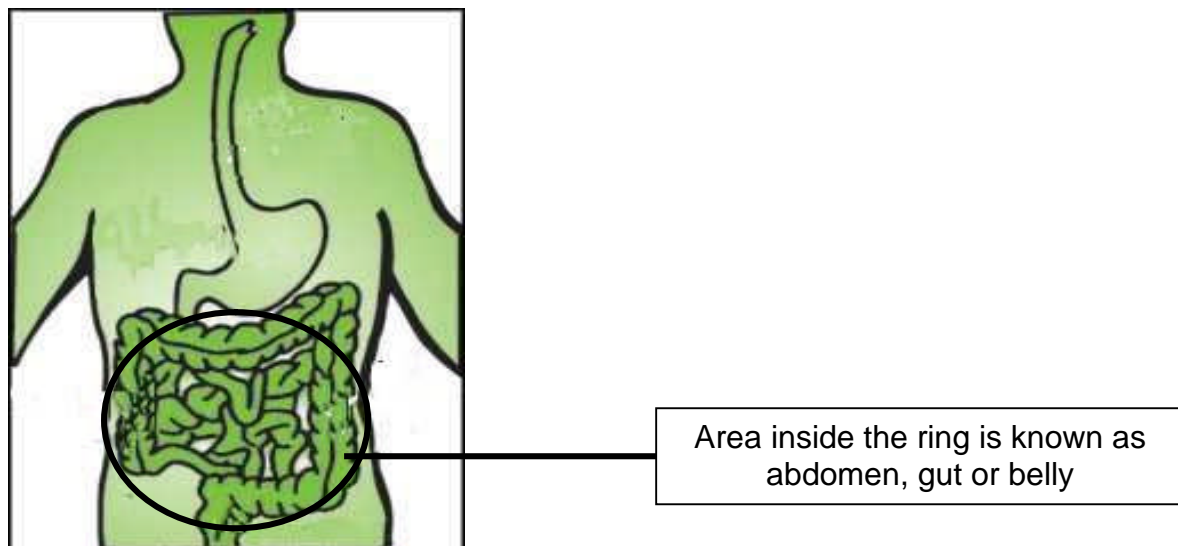
**Strained at stool:** this means straining on any bowel movement or any attempted bowel movement.

**Hard or lumpy stools:** this means stools that are hard in texture or lumpy.

**Had a feeling of incomplete emptying:** this means that you felt you hadn't finished emptying your bowels completely and you felt there was still more to come out.

**Felt your stool could not be passed:** this means that you felt you had a blockage.

**Abdomen and gut:** the area of the body called the 'gut' or 'abdomen' has been ringed on the picture below. This area is sometimes called the belly.



**Diarrhoea:** by diarrhoea we mean passing at least one mushy or watery stool.

**Rumbling noises in the gut:** these are rumblings that are not related to hunger.

**Bleeding from the back passage:** bleeding from the back passage can include piles or haemorrhoids that bleed.

**Irritation/itch/rash or soreness around back passage:** this can include piles that don't bleed but cause discomfort.

**Bowel incontinence:** by bowel incontinence we mean the accidental loss of any solid or liquid faeces or stools (waste).

**Medications:** medications include tablets, capsules, liquids, sachets, powders, mixtures, granules, suppositories.

**PLEASE COMPLETE YOUR DIARY FOR  
WEEK 1**

**WEEK 1 Monday**

1. Please write in the box the number of bowel movements you have had today

26

2. This grid asks about difficulty in passing a stool. Please tell us which of the following you have experienced today.

**Please tick Yes or No and make sure you put a tick on every line**

Today, have you ...	Yes 1	No 2
Strained at stool		
Passed hard or lumpy stools		
Had a feeling of incomplete emptying		
Felt your stool could not be passed		
Needed to press around your bottom to help your bowel movement		

27

31

3. Please tell us whether you have experienced any of these symptoms today and how severe the symptoms were.

**Please make sure you put a tick on every line**

SYMPTOM	None 1	Mild 2	Moderate 3	Severe 4
Abdominal bloating or swelling				
Abdominal pains/cramps				
Constant urge to pass a stool				
Passing wind from back passage				
Diarrhoea				
Nausea or vomiting				
Rumbling noises in gut				
Bleeding from back passage				
Irritation/itch/rash or soreness around back passage				
Bowel incontinence				
Anal pain				

32

42

4. This question asks about medication that you have taken and things that you have done today to help open your bowels.

**Please tick Yes or No and make sure you put a tick on every line**

Measures taken	Yes 1	No 2
I have taken medication prescribed by a doctor for constipation		
I have taken a medicine or preparation that I bought myself to help me open my bowels (eg from chemist, health food shop etc.)		
I have tried other measures to help with constipation (eg eaten certain foods, exercised, massaged stomach etc.)		

43

45

**WEEK 1 Tuesday**

1. Please write in the box the number of bowel movements you have had today

46

2. This grid asks about difficulty in passing a stool. Please tell us which of the following you have experienced today.

**Please tick Yes or No and make sure you put a tick on every line**

Today, have you ...	Yes 1	No 2
Strained at stool		
Passed hard or lumpy stools		
Had a feeling of incomplete emptying		
Felt your stool could not be passed		
Needed to press around your bottom to help your bowel movement		

47

51

3. Please tell us whether you have experienced any of these symptoms today and how severe the symptoms were.

**Please make sure you put a tick on every line**

SYMPTOM	None 1	Mild 2	Moderate 3	Severe 4
Abdominal bloating or swelling				
Abdominal pains/cramps				
Constant urge to pass a stool				
Passing wind from back passage				
Diarrhoea				
Nausea or vomiting				
Rumbling noises in gut				
Bleeding from back passage				
Irritation/itch/rash or soreness around back passage				
Bowel incontinence				
Anal pain				

52

62

4. This question asks about medication that you have taken and things that you have done today to help open your bowels.

**Please tick Yes or No and make sure you put a tick on every line**

Measures taken	Yes 1	No 2
I have taken medication prescribed by a doctor for constipation		
I have taken a medicine or preparation that I bought myself to help me open my bowels (eg from chemist, health food shop etc.)		
I have tried other measures to help with constipation (eg eaten certain foods, exercised, massaged stomach etc.)		

63

65

**WEEK 1 Wednesday**

1. Please write in the box the number of bowel movements you have had today

66

2. This grid asks about difficulty in passing a stool. Please tell us which of the following you have experienced today.

**Please tick Yes or No and make sure you put a tick on every line**

Today, have you ...	Yes 1	No 2
Strained at stool		
Passed hard or lumpy stools		
Had a feeling of incomplete emptying		
Felt your stool could not be passed		
Needed to press around your bottom to help your bowel movement		

67

71

3. Please tell us whether you have experienced any of these symptoms today and how severe the symptoms were.

**Please make sure you put a tick on every line**

SYMPTOM	None 1	Mild 2	Moderate 3	Severe 4
Abdominal bloating or swelling				
Abdominal pains/cramps				
Constant urge to pass a stool				
Passing wind from back passage				
Diarrhoea				
Nausea or vomiting				
Rumbling noises in gut				
Bleeding from back passage				
Irritation/itch/rash or soreness around back passage				
Bowel incontinence				
Anal pain				

72

82

4. This question asks about medication that you have taken and things that you have done today to help open your bowels.

**Please tick Yes or No and make sure you put a tick on every line**

Measures taken	Yes 1	No 2
I have taken medication prescribed by a doctor for constipation		
I have taken a medicine or preparation that I bought myself to help me open my bowels (eg from chemist, health food shop etc.)		
I have tried other measures to help with constipation (eg eaten certain foods, exercised, massaged stomach etc.)		

83

85



1. Please write in the box the number of bowel movements you have had today

12

2. This grid asks about difficulty in passing a stool. Please tell us which of the following you have experienced today.

**Please tick Yes or No and make sure you put a tick on every line**

Today, have you ...	Yes 1	No 2
Strained at stool		
Passed hard or lumpy stools		
Had a feeling of incomplete emptying		
Felt your stool could not be passed		
Needed to press around your bottom to help your bowel movement		

13

17

3. Please tell us whether you have experienced any of these symptoms today and how severe the symptoms were.

**Please make sure you put a tick on every line**

SYMPTOM	None 1	Mild 2	Moderate 3	Severe 4
Abdominal bloating or swelling				
Abdominal pains/cramps				
Constant urge to pass a stool				
Passing wind from back passage				
Diarrhoea				
Nausea or vomiting				
Rumbling noises in gut				
Bleeding from back passage				
Irritation/itch/rash or soreness around back passage				
Bowel incontinence				
Anal pain				

18

28

4. This question asks about medication that you have taken and things that you have done today to help open your bowels.

**Please tick Yes or No and make sure you put a tick on every line**

Measures taken	Yes 1	No 2
I have taken medication prescribed by a doctor for constipation		
I have taken a medicine or preparation that I bought myself to help me open my bowels (eg from chemist, health food shop etc.)		
I have tried other measures to help with constipation (eg eaten certain foods, exercised, massaged stomach etc.)		

29

31

**WEEK 1 Friday**

1. Please write in the box the number of bowel movements you have had today

32

2. This grid asks about difficulty in passing a stool. Please tell us which of the following you have experienced today.

**Please tick Yes or No and make sure you put a tick on every line**

Today, have you ...	Yes 1	No 2
Strained at stool		
Passed hard or lumpy stools		
Had a feeling of incomplete emptying		
Felt your stool could not be passed		
Needed to press around your bottom to help your bowel movement		

33

37

3. Please tell us whether you have experienced any of these symptoms today and how severe the symptoms were.

**Please make sure you put a tick on every line**

SYMPTOM	None 1	Mild 2	Moderate 3	Severe 4
Abdominal bloating or swelling				
Abdominal pains/cramps				
Constant urge to pass a stool				
Passing wind from back passage				
Diarrhoea				
Nausea or vomiting				
Rumbling noises in gut				
Bleeding from back passage				
Irritation/itch/rash or soreness around back passage				
Bowel incontinence				
Anal pain				

38

48

4. This question asks about medication that you have taken and things that you have done today to help open your bowels.

**Please tick Yes or No and make sure you put a tick on every line**

Measures taken	Yes 1	No 2
I have taken medication prescribed by a doctor for constipation		
I have taken a medicine or preparation that I bought myself to help me open my bowels (eg from chemist, health food shop etc.)		
I have tried other measures to help with constipation (eg eaten certain foods, exercised, massaged stomach etc.)		

49

51

**WEEK 1 Saturday**

1. Please write in the box the number of bowel movements you have had today

52

2. This grid asks about difficulty in passing a stool. Please tell us which of the following you have experienced today.

**Please tick Yes or No and make sure you put a tick on every line**

Today, have you ...	Yes 1	No 2
Strained at stool		
Passed hard or lumpy stools		
Had a feeling of incomplete emptying		
Felt your stool could not be passed		
Needed to press around your bottom to help your bowel movement		

53

57

3. Please tell us whether you have experienced any of these symptoms today and how severe the symptoms were.

**Please make sure you put a tick on every line**

SYMPTOM	None 1	Mild 2	Moderate 3	Severe 4
Abdominal bloating or swelling				
Abdominal pains/cramps				
Constant urge to pass a stool				
Passing wind from back passage				
Diarrhoea				
Nausea or vomiting				
Rumbling noises in gut				
Bleeding from back passage				
Irritation/itch/rash or soreness around back passage				
Bowel incontinence				
Anal pain				

58

68

4. This question asks about medication that you have taken and things that you have done today to help open your bowels.

**Please tick Yes or No and make sure you put a tick on every line**

Measures taken	Yes 1	No 2
I have taken medication prescribed by a doctor for constipation		
I have taken a medicine or preparation that I bought myself to help me open my bowels (eg from chemist, health food shop etc.)		
I have tried other measures to help with constipation (eg eaten certain foods, exercised, massaged stomach etc.)		

69

71

1. Please write in the box the number of bowel movements you have had today

12

2. This grid asks about difficulty in passing a stool. Please tell us which of the following you have experienced today.

**Please tick Yes or No and make sure you put a tick on every line**

Today, have you ...	Yes 1	No 2
Strained at stool		
Passed hard or lumpy stools		
Had a feeling of incomplete emptying		
Felt your stool could not be passed		
Needed to press around your bottom to help your bowel movement		

13

17

3. Please tell us whether you have experienced any of these symptoms today and how severe the symptoms were.

**Please make sure you put a tick on every line**

SYMPTOM	None 1	Mild 2	Moderate 3	Severe 4
Abdominal bloating or swelling				
Abdominal pains/cramps				
Constant urge to pass a stool				
Passing wind from back passage				
Diarrhoea				
Nausea or vomiting				
Rumbling noises in gut				
Bleeding from back passage				
Irritation/itch/rash or soreness around back passage				
Bowel incontinence				
Anal pain				

18

28

4. This question asks about medication that you have taken and things that you have done today to help open your bowels.

**Please tick Yes or No and make sure you put a tick on every line**

Measures taken	Yes 1	No 2
I have taken medication prescribed by a doctor for constipation		
I have taken a medicine or preparation that I bought myself to help me open my bowels (eg from chemist, health food shop etc.)		
I have tried other measures to help with constipation (eg eaten certain foods, exercised, massaged stomach etc.)		

29

31

**WEEK 1 Extra questions for Sunday**

Please answer these questions on **SUNDAY** after filling in your diary for Week 1.

- The next question asks about any contacts you have had with health care professionals in connection with your constipation in the last seven days. Please tell us the number of times that you have had contact with the following healthcare professionals during the last seven days. **Please make sure you answer every question. (Write zero (0) in the box if you have not seen the healthcare professional described)**

People you have contacted in the last seven days	Number of times in the last seven days
I have seen a GP at my doctor's surgery about my constipation	
I have seen a nurse at my doctor's surgery about my constipation	
I have spoken to a GP over the telephone about my constipation	
I have spoken to a nurse over the telephone about my constipation	
I have telephoned NHS Direct information line about my constipation	
I have used an out of hours walk-in service because of my constipation	
A GP has visited me at home about my constipation	
A nurse has visited me at home about my constipation	
A health visitor has visited me at home about my constipation	

32-40

- During the past seven days did you **buy** any laxatives or preparations for yourself for your constipation? **Please do not include any laxatives or preparations prescribed by your doctor here. (Please circle one number only)**

Yes ..... 1

**Answer Q 2a**

No ..... 2

**Go to Q 3**

41

2a. In the table below, please write the name, type of preparation of each medication (for example tablets, capsules, mixture, sachets), and how much you paid for it overall. Please tell us about any laxative or preparation you bought during the last seven days for your constipation even if you did not take it.

Name of medication	Type of preparation	How much did you pay for it overall?	
		£	p
Example: Bisacodyl	Tablets	1	50

42-51  
52-61  
62-71  
72-81  
82-91

We would like you to think about any changes that you have made to your diet to help manage your constipation.

3. During the past seven days, have you bought any food (e.g. fruits, vegetables, high fibre cereal) or drink (e.g. fruit juices) to help you manage your constipation? **(Please circle one number only)**

Yes ..... 1

**Answer Q 3a**

No..... 2

**Go to Q 4**

92

3a. In the table below, please write in any food (e.g. fruits, vegetables, high fibre cereal) or drink (e.g. fruit juices) you have bought in the last seven days to help you to manage your constipation.

What did you buy?	How much did it cost?	
	£	p
Example: All Bran	2	35

93-99  
100-106  
107-113  
114-120

We would like you to think about any changes that you have made to your lifestyle or daily activities (increased activity or changed toileting habits) to help manage your constipation.

4. During the last seven days, have you made any changes to your lifestyle or daily activities to help you manage your constipation? **(Please circle one number only)**

Yes ..... 1

**Answer Q 4a**

No..... 2

**Go to Q 5**

121

- 4a. In the table below, please write in any changes you have made to your lifestyle or daily activities in the last seven days to help you to manage your constipation. If any of these changes have cost you to make please write in the cost to you.

What changes to lifestyle and daily activities did you make?	How much did the changes cost?	
	£	p
Example: Went for a long walk with the dog.	0	0

122-128

129-135

136-142

143-149

5. Over the last seven days, did you take any days off work because of your constipation? (Please count days of illness related to your constipation as well as any time taken to receive treatment or to attend clinic visits). **If you do not work please circle 'Not applicable'**

Yes ..... 1

**Answer Q 5a**

No..... 2

**Go to Q 6**

Not applicable ..... 3

**Go to Q 6**

150

- 5a. IF YES

Please write in the number of days .....

**(If you don't know or can't remember please put 9)**

151

6. Has anything else happened in the last seven days which you would like to tell us about? For example, have you been ill at all and unable to take your usual medication or has anything happened that has affected your bowel movements e.g. been in hospital, felt poorly and have not eaten very well, has sickness and diarrhoea etc. If so, please use the space below to tell us what has happened during this week.

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150-153

154-155

156-157



**PLEASE COMPLETE YOUR DIARY FOR  
WEEK 2**

1. Please write in the box the number of bowel movements you have had today

12

2. This grid asks about difficulty in passing a stool. Please tell us which of the following you have experienced today.

**Please tick Yes or No and make sure you put a tick on every line**

Today, have you ...	Yes 1	No 2
Strained at stool		
Passed hard or lumpy stools		
Had a feeling of incomplete emptying		
Felt your stool could not be passed		
Needed to press around your bottom to help your bowel movement		

13

17

3. Please tell us whether you have experienced any of these symptoms today and how severe the symptoms were.

**Please make sure you put a tick on every line**

SYMPTOM	None 1	Mild 2	Moderate 3	Severe 4
Abdominal bloating or swelling				
Abdominal pains/cramps				
Constant urge to pass a stool				
Passing wind from back passage				
Diarrhoea				
Nausea or vomiting				
Rumbling noises in gut				
Bleeding from back passage				
Irritation/itch/rash or soreness around back passage				
Bowel incontinence				
Anal pain				

18

28

4. This question asks about medication that you have taken and things that you have done today to help open your bowels.

**Please tick Yes or No and make sure you put a tick on every line**

Measures taken	Yes 1	No 2
I have taken medication prescribed by a doctor for constipation		
I have taken a medicine or preparation that I bought myself to help me open my bowels (eg from chemist, health food shop etc.)		
I have tried other measures to help with constipation (eg eaten certain foods, exercised, massaged stomach etc.)		

29

31



**WEEK 2 Tuesday**

1. Please write in the box the number of bowel movements you have had today

32

2. This grid asks about difficulty in passing a stool. Please tell us which of the following you have experienced today.

**Please tick Yes or No and make sure you put a tick on every line**

Today, have you ...	Yes 1	No 2
Strained at stool		
Passed hard or lumpy stools		
Had a feeling of incomplete emptying		
Felt your stool could not be passed		
Needed to press around your bottom to help your bowel movement		

33

37

3. Please tell us whether you have experienced any of these symptoms today and how severe the symptoms were.

**Please make sure you put a tick on every line**

SYMPTOM	None 1	Mild 2	Moderate 3	Severe 4
Abdominal bloating or swelling				
Abdominal pains/cramps				
Constant urge to pass a stool				
Passing wind from back passage				
Diarrhoea				
Nausea or vomiting				
Rumbling noises in gut				
Bleeding from back passage				
Irritation/itch/rash or soreness around back passage				
Bowel incontinence				
Anal pain				

38

48

4. This question asks about medication that you have taken and things that you have done today to help open your bowels.

**Please tick Yes or No and make sure you put a tick on every line**

Measures taken	Yes 1	No 2
I have taken medication prescribed by a doctor for constipation		
I have taken a medicine or preparation that I bought myself to help me open my bowels (eg from chemist, health food shop etc.)		
I have tried other measures to help with constipation (eg eaten certain foods, exercised, massaged stomach etc.)		

49

51

**WEEK 2 Wednesday**

1. Please write in the box the number of bowel movements you have had today

52

2. This grid asks about difficulty in passing a stool. Please tell us which of the following you have experienced today.

**Please tick Yes or No and make sure you put a tick on every line**

Today, have you ...	Yes 1	No 2
Strained at stool		
Passed hard or lumpy stools		
Had a feeling of incomplete emptying		
Felt your stool could not be passed		
Needed to press around your bottom to help your bowel movement		

53

57

3. Please tell us whether you have experienced any of these symptoms today and how severe the symptoms were.

**Please make sure you put a tick on every line**

SYMPTOM	None 1	Mild 2	Moderate 3	Severe 4
Abdominal bloating or swelling				
Abdominal pains/cramps				
Constant urge to pass a stool				
Passing wind from back passage				
Diarrhoea				
Nausea or vomiting				
Rumbling noises in gut				
Bleeding from back passage				
Irritation/itch/rash or soreness around back passage				
Bowel incontinence				
Anal pain				

58

68

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**Please tick Yes or No and make sure you put a tick on every line**

Measures taken	Yes 1	No 2
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I have tried other measures to help with constipation (eg eaten certain foods, exercised, massaged stomach etc.)		

69

71

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2. This grid asks about difficulty in passing a stool. Please tell us which of the following you have experienced today.

**Please tick Yes or No and make sure you put a tick on every line**

Today, have you ...	Yes 1	No 2
Strained at stool		
Passed hard or lumpy stools		
Had a feeling of incomplete emptying		
Felt your stool could not be passed		
Needed to press around your bottom to help your bowel movement		

13

17

3. Please tell us whether you have experienced any of these symptoms today and how severe the symptoms were.

**Please make sure you put a tick on every line**

SYMPTOM	None 1	Mild 2	Moderate 3	Severe 4
Abdominal bloating or swelling				
Abdominal pains/cramps				
Constant urge to pass a stool				
Passing wind from back passage				
Diarrhoea				
Nausea or vomiting				
Rumbling noises in gut				
Bleeding from back passage				
Irritation/itch/rash or soreness around back passage				
Bowel incontinence				
Anal pain				

18

28

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**Please tick Yes or No and make sure you put a tick on every line**

Measures taken	Yes 1	No 2
I have taken medication prescribed by a doctor for constipation		
I have taken a medicine or preparation that I bought myself to help me open my bowels (eg from chemist, health food shop etc.)		
I have tried other measures to help with constipation (eg eaten certain foods, exercised, massaged stomach etc.)		

29

31



**WEEK 2 Friday**

1. Please write in the box the number of bowel movements you have had today

32

2. This grid asks about difficulty in passing a stool. Please tell us which of the following you have experienced today.

**Please tick Yes or No and make sure you put a tick on every line**

Today, have you ...	Yes 1	No 2
Strained at stool		
Passed hard or lumpy stools		
Had a feeling of incomplete emptying		
Felt your stool could not be passed		
Needed to press around your bottom to help your bowel movement		

33

37

3. Please tell us whether you have experienced any of these symptoms today and how severe the symptoms were.

**Please make sure you put a tick on every line**

SYMPTOM	None 1	Mild 2	Moderate 3	Severe 4
Abdominal bloating or swelling				
Abdominal pains/cramps				
Constant urge to pass a stool				
Passing wind from back passage				
Diarrhoea				
Nausea or vomiting				
Rumbling noises in gut				
Bleeding from back passage				
Irritation/itch/rash or soreness around back passage				
Bowel incontinence				
Anal pain				

38

48

4. This question asks about medication that you have taken and things that you have done today to help open your bowels.

**Please tick Yes or No and make sure you put a tick on every line**

Measures taken	Yes 1	No 2
I have taken medication prescribed by a doctor for constipation		
I have taken a medicine or preparation that I bought myself to help me open my bowels (eg from chemist, health food shop etc.)		
I have tried other measures to help with constipation (eg eaten certain foods, exercised, massaged stomach etc.)		

49

51



**WEEK 2 Saturday**

1. Please write in the box the number of bowel movements you have had today

52

2. This grid asks about difficulty in passing a stool. Please tell us which of the following you have experienced today.

**Please tick Yes or No and make sure you put a tick on every line**

Today, have you ...	Yes 1	No 2
Strained at stool		
Passed hard or lumpy stools		
Had a feeling of incomplete emptying		
Felt your stool could not be passed		
Needed to press around your bottom to help your bowel movement		

53

57

3. Please tell us whether you have experienced any of these symptoms today and how severe the symptoms were.

**Please make sure you put a tick on every line**

SYMPTOM	None 1	Mild 2	Moderate 3	Severe 4
Abdominal bloating or swelling				
Abdominal pains/cramps				
Constant urge to pass a stool				
Passing wind from back passage				
Diarrhoea				
Nausea or vomiting				
Rumbling noises in gut				
Bleeding from back passage				
Irritation/itch/rash or soreness around back passage				
Bowel incontinence				
Anal pain				

58

68

4. This question asks about medication that you have taken and things that you have done today to help open your bowels.

**Please tick Yes or No and make sure you put a tick on every line**

Measures taken	Yes 1	No 2
I have taken medication prescribed by a doctor for constipation		
I have taken a medicine or preparation that I bought myself to help me open my bowels (eg from chemist, health food shop etc.)		
I have tried other measures to help with constipation (eg eaten certain foods, exercised, massaged stomach etc.)		

69

71

1. Please write in the box the number of bowel movements you have had today

12

2. This grid asks about difficulty in passing a stool. Please tell us which of the following you have experienced today.

**Please tick Yes or No and make sure you put a tick on every line**

Today, have you ...	Yes 1	No 2
Strained at stool		
Passed hard or lumpy stools		
Had a feeling of incomplete emptying		
Felt your stool could not be passed		
Needed to press around your bottom to help your bowel movement		

13

17

3. Please tell us whether you have experienced any of these symptoms today and how severe the symptoms were.

**Please make sure you put a tick on every line**

SYMPTOM	None 1	Mild 2	Moderate 3	Severe 4
Abdominal bloating or swelling				
Abdominal pains/cramps				
Constant urge to pass a stool				
Passing wind from back passage				
Diarrhoea				
Nausea or vomiting				
Rumbling noises in gut				
Bleeding from back passage				
Irritation/itch/rash or soreness around back passage				
Bowel incontinence				
Anal pain				

18

28

4. This question asks about medication that you have taken and things that you have done today to help open your bowels.

**Please tick Yes or No and make sure you put a tick on every line**

Measures taken	Yes 1	No 2
I have taken medication prescribed by a doctor for constipation		
I have taken a medicine or preparation that I bought myself to help me open my bowels (eg from chemist, health food shop etc.)		
I have tried other measures to help with constipation (eg eaten certain foods, exercised, massaged stomach etc.)		

29

31

**WEEK 2 Extra questions for Sunday**

Please answer these questions on **SUNDAY** after filling in your diary for Week 2.

- The next question asks about any contacts you have had with health care professionals in connection with your constipation in the last seven days. Please tell us the number of times that you have had contact with the following healthcare professionals during the last seven days. **Please make sure you answer every question. (Write zero (0) in the box if you have not seen the healthcare professional described)**

People you have contacted in the last seven days	Number of times in the last seven days
I have seen a GP at my doctor's surgery about my constipation	
I have seen a nurse at my doctor's surgery about my constipation	
I have spoken to a GP over the telephone about my constipation	
I have spoken to a nurse over the telephone about my constipation	
I have telephoned NHS Direct information line about my constipation	
I have used an out of hours walk-in service because of my constipation	
A GP has visited me at home about my constipation	
A nurse has visited me at home about my constipation	
A health visitor has visited me at home about my constipation	

32-40

- During the past seven days did you **buy** any laxatives or preparations for yourself for your constipation? **Please do not include any laxatives or preparations prescribed by your doctor here. (Please circle one number only)**

Yes ..... 1

**Answer Q 2a**

No ..... 2

**Go to Q 3**

41

2a. In the table below, please write the name, type of preparation of each medication (for example tablets, capsules, mixture, sachets), and how much you paid for it overall. Please tell us about any laxative or preparation you bought during the last seven days for your constipation even if you did not take it.

Name of medication	Type of preparation	How much did you pay for it overall?	
		£	p
Example: Bisacodyl	Tablets	1	50

42-51  
52-61  
62-71  
72-81  
82-91

We would like you to think about any changes that you have made to your diet to help manage your constipation.

3. During the past seven days, have you bought any food (e.g. fruits, vegetables, high fibre cereal) or drink (e.g. fruit juices) to help you manage your constipation? **(Please circle one number only)**

Yes ..... 1

**Answer Q 3a**

No..... 2

**Go to Q 4**

92

3a. In the table below, please write in any food (e.g. fruits, vegetables, high fibre cereal) or drink (e.g. fruit juices) you have bought in the last seven days to help you to manage your constipation.

What did you buy?	How much did it cost?	
	£	p
Example: All Bran	2	35

100-106  
107-113  
114-120

We would like you to think about any changes that you have made to your lifestyle or daily activities (increased activity or changed toileting habits) to help manage your constipation.

4. During the last seven days, have you made any changes to your lifestyle or daily activities to help you manage your constipation? **(Please circle one number only)**

Yes ..... 1

**Answer Q 4a**

No..... 2

**Go to Q 5**

121

- 4a. In the table below, please write in any changes you have made to your lifestyle or daily activities in the last seven days to help you to manage your constipation. If any of these changes have cost you to make please write in the cost to you.

What changes to lifestyle and daily activities did you make?	How much did the changes cost?	
	£	p
Example: Went for a long walk with the dog.	0	0

122-128

129-135

136-142

143-149

5. Over the last seven days, did you take any days off work because of your constipation? (Please count days of illness related to your constipation as well as any time taken to receive treatment or to attend clinic visits). **If you do not work please circle 'Not applicable'**

Yes ..... 1

**Answer Q 5a**

No..... 2

**Go to Q 6**

Not applicable ..... 3

**Go to Q 6**

150

- 5a. IF YES

Please write in the number of days .....

**(If you don't know or can't remember please put 9)**

151

6. Has anything else happened in the last seven days which you would like to tell us about? For example, have you been ill at all and unable to take your usual medication or has anything happened that has affected your bowel movements e.g. been in hospital, felt poorly and have not eaten very well, has sickness and diarrhoea etc. If so, please use the space below to tell us what has happened during this week.

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150-153

154-155

156-157

**PLEASE COMPLETE YOUR DIARY FOR  
WEEK 3**

1. Please write in the box the number of bowel movements you have had today

12

2. This grid asks about difficulty in passing a stool. Please tell us which of the following you have experienced today.

**Please tick Yes or No and make sure you put a tick on every line**

Today, have you ...	Yes 1	No 2
Strained at stool		
Passed hard or lumpy stools		
Had a feeling of incomplete emptying		
Felt your stool could not be passed		
Needed to press around your bottom to help your bowel movement		

13

17

3. Please tell us whether you have experienced any of these symptoms today and how severe the symptoms were.

**Please make sure you put a tick on every line**

SYMPTOM	None 1	Mild 2	Moderate 3	Severe 4
Abdominal bloating or swelling				
Abdominal pains/cramps				
Constant urge to pass a stool				
Passing wind from back passage				
Diarrhoea				
Nausea or vomiting				
Rumbling noises in gut				
Bleeding from back passage				
Irritation/itch/rash or soreness around back passage				
Bowel incontinence				
Anal pain				

18

28

4. This question asks about medication that you have taken and things that you have done today to help open your bowels.

**Please tick Yes or No and make sure you put a tick on every line**

Measures taken	Yes 1	No 2
I have taken medication prescribed by a doctor for constipation		
I have taken a medicine or preparation that I bought myself to help me open my bowels (eg from chemist, health food shop etc.)		
I have tried other measures to help with constipation (eg eaten certain foods, exercised, massaged stomach etc.)		

29

31



**WEEK 3 Tuesday**

1. Please write in the box the number of bowel movements you have had today

32

2. This grid asks about difficulty in passing a stool. Please tell us which of the following you have experienced today.

**Please tick Yes or No and make sure you put a tick on every line**

Today, have you ...	Yes 1	No 2
Strained at stool		
Passed hard or lumpy stools		
Had a feeling of incomplete emptying		
Felt your stool could not be passed		
Needed to press around your bottom to help your bowel movement		

33

37

3. Please tell us whether you have experienced any of these symptoms today and how severe the symptoms were.

**Please make sure you put a tick on every line**

SYMPTOM	None 1	Mild 2	Moderate 3	Severe 4
Abdominal bloating or swelling				
Abdominal pains/cramps				
Constant urge to pass a stool				
Passing wind from back passage				
Diarrhoea				
Nausea or vomiting				
Rumbling noises in gut				
Bleeding from back passage				
Irritation/itch/rash or soreness around back passage				
Bowel incontinence				
Anal pain				

38

48

4. This question asks about medication that you have taken and things that you have done today to help open your bowels.

**Please tick Yes or No and make sure you put a tick on every line**

Measures taken	Yes 1	No 2
I have taken medication prescribed by a doctor for constipation		
I have taken a medicine or preparation that I bought myself to help me open my bowels (eg from chemist, health food shop etc.)		
I have tried other measures to help with constipation (eg eaten certain foods, exercised, massaged stomach etc.)		

49

51

**WEEK 3 Wednesday**

1. Please write in the box the number of bowel movements you have had today

52

2. This grid asks about difficulty in passing a stool. Please tell us which of the following you have experienced today.

**Please tick Yes or No and make sure you put a tick on every line**

Today, have you ...	Yes 1	No 2
Strained at stool		
Passed hard or lumpy stools		
Had a feeling of incomplete emptying		
Felt your stool could not be passed		
Needed to press around your bottom to help your bowel movement		

53

57

3. Please tell us whether you have experienced any of these symptoms today and how severe the symptoms were.

**Please make sure you put a tick on every line**

SYMPTOM	None 1	Mild 2	Moderate 3	Severe 4
Abdominal bloating or swelling				
Abdominal pains/cramps				
Constant urge to pass a stool				
Passing wind from back passage				
Diarrhoea				
Nausea or vomiting				
Rumbling noises in gut				
Bleeding from back passage				
Irritation/itch/rash or soreness around back passage				
Bowel incontinence				
Anal pain				

58

68

4. This question asks about medication that you have taken and things that you have done today to help open your bowels.

**Please tick Yes or No and make sure you put a tick on every line**

Measures taken	Yes 1	No 2
I have taken medication prescribed by a doctor for constipation		
I have taken a medicine or preparation that I bought myself to help me open my bowels (eg from chemist, health food shop etc.)		
I have tried other measures to help with constipation (eg eaten certain foods, exercised, massaged stomach etc.)		

69

71

1. Please write in the box the number of bowel movements you have had today

12

2. This grid asks about difficulty in passing a stool. Please tell us which of the following you have experienced today.

**Please tick Yes or No and make sure you put a tick on every line**

Today, have you ...	Yes 1	No 2
Strained at stool		
Passed hard or lumpy stools		
Had a feeling of incomplete emptying		
Felt your stool could not be passed		
Needed to press around your bottom to help your bowel movement		

13

17

3. Please tell us whether you have experienced any of these symptoms today and how severe the symptoms were.

**Please make sure you put a tick on every line**

SYMPTOM	None 1	Mild 2	Moderate 3	Severe 4
Abdominal bloating or swelling				
Abdominal pains/cramps				
Constant urge to pass a stool				
Passing wind from back passage				
Diarrhoea				
Nausea or vomiting				
Rumbling noises in gut				
Bleeding from back passage				
Irritation/itch/rash or soreness around back passage				
Bowel incontinence				
Anal pain				

18

28

4. This question asks about medication that you have taken and things that you have done today to help open your bowels.

**Please tick Yes or No and make sure you put a tick on every line**

Measures taken	Yes 1	No 2
I have taken medication prescribed by a doctor for constipation		
I have taken a medicine or preparation that I bought myself to help me open my bowels (eg from chemist, health food shop etc.)		
I have tried other measures to help with constipation (eg eaten certain foods, exercised, massaged stomach etc.)		

29

31



**WEEK 3 Friday**

1. Please write in the box the number of bowel movements you have had today

32

2. This grid asks about difficulty in passing a stool. Please tell us which of the following you have experienced today.

**Please tick Yes or No and make sure you put a tick on every line**

Today, have you ...	Yes 1	No 2
Strained at stool		
Passed hard or lumpy stools		
Had a feeling of incomplete emptying		
Felt your stool could not be passed		
Needed to press around your bottom to help your bowel movement		

33

37

3. Please tell us whether you have experienced any of these symptoms today and how severe the symptoms were.

**Please make sure you put a tick on every line**

SYMPTOM	None 1	Mild 2	Moderate 3	Severe 4
Abdominal bloating or swelling				
Abdominal pains/cramps				
Constant urge to pass a stool				
Passing wind from back passage				
Diarrhoea				
Nausea or vomiting				
Rumbling noises in gut				
Bleeding from back passage				
Irritation/itch/rash or soreness around back passage				
Bowel incontinence				
Anal pain				

38

48

4. This question asks about medication that you have taken and things that you have done today to help open your bowels.

**Please tick Yes or No and make sure you put a tick on every line**

Measures taken	Yes 1	No 2
I have taken medication prescribed by a doctor for constipation		
I have taken a medicine or preparation that I bought myself to help me open my bowels (eg from chemist, health food shop etc.)		
I have tried other measures to help with constipation (eg eaten certain foods, exercised, massaged stomach etc.)		

49

51

**WEEK 3 Saturday**

1. Please write in the box the number of bowel movements you have had today

52

2. This grid asks about difficulty in passing a stool. Please tell us which of the following you have experienced today.

**Please tick Yes or No and make sure you put a tick on every line**

Today, have you ...	Yes 1	No 2
Strained at stool		
Passed hard or lumpy stools		
Had a feeling of incomplete emptying		
Felt your stool could not be passed		
Needed to press around your bottom to help your bowel movement		

53

57

3. Please tell us whether you have experienced any of these symptoms today and how severe the symptoms were.

**Please make sure you put a tick on every line**

SYMPTOM	None 1	Mild 2	Moderate 3	Severe 4
Abdominal bloating or swelling				
Abdominal pains/cramps				
Constant urge to pass a stool				
Passing wind from back passage				
Diarrhoea				
Nausea or vomiting				
Rumbling noises in gut				
Bleeding from back passage				
Irritation/itch/rash or soreness around back passage				
Bowel incontinence				
Anal pain				

58

68

4. This question asks about medication that you have taken and things that you have done today to help open your bowels.

**Please tick Yes or No and make sure you put a tick on every line**

Measures taken	Yes 1	No 2
I have taken medication prescribed by a doctor for constipation		
I have taken a medicine or preparation that I bought myself to help me open my bowels (eg from chemist, health food shop etc.)		
I have tried other measures to help with constipation (eg eaten certain foods, exercised, massaged stomach etc.)		

69

71

1. Please write in the box the number of bowel movements you have had today

12

2. This grid asks about difficulty in passing a stool. Please tell us which of the following you have experienced today.

**Please tick Yes or No and make sure you put a tick on every line**

Today, have you ...	Yes 1	No 2
Strained at stool		
Passed hard or lumpy stools		
Had a feeling of incomplete emptying		
Felt your stool could not be passed		
Needed to press around your bottom to help your bowel movement		

13

17

3. Please tell us whether you have experienced any of these symptoms today and how severe the symptoms were.

**Please make sure you put a tick on every line**

SYMPTOM	None 1	Mild 2	Moderate 3	Severe 4
Abdominal bloating or swelling				
Abdominal pains/cramps				
Constant urge to pass a stool				
Passing wind from back passage				
Diarrhoea				
Nausea or vomiting				
Rumbling noises in gut				
Bleeding from back passage				
Irritation/itch/rash or soreness around back passage				
Bowel incontinence				
Anal pain				

18

28

4. This question asks about medication that you have taken and things that you have done today to help open your bowels.

**Please tick Yes or No and make sure you put a tick on every line**

Measures taken	Yes 1	No 2
I have taken medication prescribed by a doctor for constipation		
I have taken a medicine or preparation that I bought myself to help me open my bowels (eg from chemist, health food shop etc.)		
I have tried other measures to help with constipation (eg eaten certain foods, exercised, massaged stomach etc.)		

29

31

**WEEK 3 Extra questions for Sunday**

Please answer these questions on **SUNDAY** after filling in your diary for Week 3.

- The next question asks about any contacts you have had with health care professionals in connection with your constipation in the last seven days. Please tell us the number of times that you have had contact with the following healthcare professionals during the last seven days. **Please make sure you answer every question. (Write zero (0) in the box if you have not seen the healthcare professional described)**

People you have contacted in the last seven days	Number of times in the last seven days
I have seen a GP at my doctor's surgery about my constipation	
I have seen a nurse at my doctor's surgery about my constipation	
I have spoken to a GP over the telephone about my constipation	
I have spoken to a nurse over the telephone about my constipation	
I have telephoned NHS Direct information line about my constipation	
I have used an out of hours walk-in service because of my constipation	
A GP has visited me at home about my constipation	
A nurse has visited me at home about my constipation	
A health visitor has visited me at home about my constipation	

32-40

- During the past seven days did you **buy** any laxatives or preparations for yourself for your constipation? **Please do not include any laxatives or preparations prescribed by your doctor here. (Please circle one number only)**

Yes ..... 1

**Answer Q 2a**

No ..... 2

**Go to Q 3**

41



2a. In the table below, please write the name, type of preparation of each medication (for example tablets, capsules, mixture, sachets), and how much you paid for it overall. Please tell us about any laxative or preparation you bought during the last seven days for your constipation even if you did not take it.

Name of medication	Type of preparation	How much did you pay for it overall?	
		£	p
Example: Bisacodyl	Tablets	1	50

42-51  
52-61  
62-71  
72-81  
82-91

We would like you to think about any changes that you have made to your diet to help manage your constipation.

3. During the past seven days, have you bought any food (e.g. fruits, vegetables, high fibre cereal) or drink (e.g. fruit juices) to help you manage your constipation? **(Please circle one number only)**

Yes ..... 1

**Answer Q 3a**

No..... 2

**Go to Q 4**

92

3a. In the table below, please write in any food (e.g. fruits, vegetables, high fibre cereal) or drink (e.g. fruit juices) you have bought in the last seven days to help you to manage your constipation.

What did you buy?	How much did it cost?	
	£	p
Example: All Bran	2	35

100-106  
107-113  
114-120

We would like you to think about any changes that you have made to your lifestyle or daily activities (increased activity or changed toileting habits) to help manage your constipation.

4. During the last seven days, have you made any changes to your lifestyle or daily activities to help you manage your constipation? **(Please circle one number only)**

Yes ..... 1

**Answer Q 4a**

No..... 2

**Go to Q 5**

121

- 4a. In the table below, please write in any changes you have made to your lifestyle or daily activities in the last seven days to help you to manage your constipation. If any of these changes have cost you to make please write in the cost to you.

What changes to lifestyle and daily activities did you make?	How much did the changes cost?	
	£	p
Example: Went for a long walk with the dog.	0	0

122-128

129-135

136-142

143-149

5. Over the last seven days, did you take any days off work because of your constipation? (Please count days of illness related to your constipation as well as any time taken to receive treatment or to attend clinic visits). **If you do not work please circle 'Not applicable'**

Yes ..... 1

**Answer Q 5a**

No..... 2

**Go to Q 6**

Not applicable ..... 3

**Go to Q 6**

150

- 5a. IF YES

Please write in the number of days .....

**(If you don't know or can't remember please put 9)**

151

6. Has anything else happened in the last seven days which you would like to tell us about? For example, have you been ill at all and unable to take your usual medication or has anything happened that has affected your bowel movements e.g. been in hospital, felt poorly and have not eaten very well, has sickness and diarrhoea etc. If so, please use the space below to tell us what has happened during this week.

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150-153

154-155

156-157

**PLEASE COMPLETE YOUR DIARY FOR  
WEEK 4**

1. Please write in the box the number of bowel movements you have had today

12

2. This grid asks about difficulty in passing a stool. Please tell us which of the following you have experienced today.

**Please tick Yes or No and make sure you put a tick on every line**

Today, have you ...	Yes 1	No 2
Strained at stool		
Passed hard or lumpy stools		
Had a feeling of incomplete emptying		
Felt your stool could not be passed		
Needed to press around your bottom to help your bowel movement		

13

17

3. Please tell us whether you have experienced any of these symptoms today and how severe the symptoms were.

**Please make sure you put a tick on every line**

SYMPTOM	None 1	Mild 2	Moderate 3	Severe 4
Abdominal bloating or swelling				
Abdominal pains/cramps				
Constant urge to pass a stool				
Passing wind from back passage				
Diarrhoea				
Nausea or vomiting				
Rumbling noises in gut				
Bleeding from back passage				
Irritation/itch/rash or soreness around back passage				
Bowel incontinence				
Anal pain				

18

28

4. This question asks about medication that you have taken and things that you have done today to help open your bowels.

**Please tick Yes or No and make sure you put a tick on every line**

Measures taken	Yes 1	No 2
I have taken medication prescribed by a doctor for constipation		
I have taken a medicine or preparation that I bought myself to help me open my bowels (eg from chemist, health food shop etc.)		
I have tried other measures to help with constipation (eg eaten certain foods, exercised, massaged stomach etc.)		

29

31



**WEEK 4 Tuesday**

1. Please write in the box the number of bowel movements you have had today

32

2. This grid asks about difficulty in passing a stool. Please tell us which of the following you have experienced today.

**Please tick Yes or No and make sure you put a tick on every line**

Today, have you ...	Yes 1	No 2
Strained at stool		
Passed hard or lumpy stools		
Had a feeling of incomplete emptying		
Felt your stool could not be passed		
Needed to press around your bottom to help your bowel movement		

33

37

3. Please tell us whether you have experienced any of these symptoms today and how severe the symptoms were.

**Please make sure you put a tick on every line**

SYMPTOM	None 1	Mild 2	Moderate 3	Severe 4
Abdominal bloating or swelling				
Abdominal pains/cramps				
Constant urge to pass a stool				
Passing wind from back passage				
Diarrhoea				
Nausea or vomiting				
Rumbling noises in gut				
Bleeding from back passage				
Irritation/itch/rash or soreness around back passage				
Bowel incontinence				
Anal pain				

38

48

4. This question asks about medication that you have taken and things that you have done today to help open your bowels.

**Please tick Yes or No and make sure you put a tick on every line**

Measures taken	Yes 1	No 2
I have taken medication prescribed by a doctor for constipation		
I have taken a medicine or preparation that I bought myself to help me open my bowels (eg from chemist, health food shop etc.)		
I have tried other measures to help with constipation (eg eaten certain foods, exercised, massaged stomach etc.)		

49

51

**WEEK 4 Wednesday**

1. Please write in the box the number of bowel movements you have had today

52

2. This grid asks about difficulty in passing a stool. Please tell us which of the following you have experienced today.

**Please tick Yes or No and make sure you put a tick on every line**

Today, have you ...	Yes 1	No 2
Strained at stool		
Passed hard or lumpy stools		
Had a feeling of incomplete emptying		
Felt your stool could not be passed		
Needed to press around your bottom to help your bowel movement		

53

57

3. Please tell us whether you have experienced any of these symptoms today and how severe the symptoms were.

**Please make sure you put a tick on every line**

SYMPTOM	None 1	Mild 2	Moderate 3	Severe 4
Abdominal bloating or swelling				
Abdominal pains/cramps				
Constant urge to pass a stool				
Passing wind from back passage				
Diarrhoea				
Nausea or vomiting				
Rumbling noises in gut				
Bleeding from back passage				
Irritation/itch/rash or soreness around back passage				
Bowel incontinence				
Anal pain				

58

68

4. This question asks about medication that you have taken and things that you have done today to help open your bowels.

**Please tick Yes or No and make sure you put a tick on every line**

Measures taken	Yes 1	No 2
I have taken medication prescribed by a doctor for constipation		
I have taken a medicine or preparation that I bought myself to help me open my bowels (eg from chemist, health food shop etc.)		
I have tried other measures to help with constipation (eg eaten certain foods, exercised, massaged stomach etc.)		

69

71



1. Please write in the box the number of bowel movements you have had today

12

2. This grid asks about difficulty in passing a stool. Please tell us which of the following you have experienced today.

**Please tick Yes or No and make sure you put a tick on every line**

Today, have you ...	Yes 1	No 2
Strained at stool		
Passed hard or lumpy stools		
Had a feeling of incomplete emptying		
Felt your stool could not be passed		
Needed to press around your bottom to help your bowel movement		

13

17

3. Please tell us whether you have experienced any of these symptoms today and how severe the symptoms were.

**Please make sure you put a tick on every line**

SYMPTOM	None 1	Mild 2	Moderate 3	Severe 4
Abdominal bloating or swelling				
Abdominal pains/cramps				
Constant urge to pass a stool				
Passing wind from back passage				
Diarrhoea				
Nausea or vomiting				
Rumbling noises in gut				
Bleeding from back passage				
Irritation/itch/rash or soreness around back passage				
Bowel incontinence				
Anal pain				

18

28

4. This question asks about medication that you have taken and things that you have done today to help open your bowels.

**Please tick Yes or No and make sure you put a tick on every line**

Measures taken	Yes 1	No 2
I have taken medication prescribed by a doctor for constipation		
I have taken a medicine or preparation that I bought myself to help me open my bowels (eg from chemist, health food shop etc.)		
I have tried other measures to help with constipation (eg eaten certain foods, exercised, massaged stomach etc.)		

29

31

**WEEK 4 Friday**

1. Please write in the box the number of bowel movements you have had today

32

2. This grid asks about difficulty in passing a stool. Please tell us which of the following you have experienced today.

**Please tick Yes or No and make sure you put a tick on every line**

Today, have you ...	Yes 1	No 2
Strained at stool		
Passed hard or lumpy stools		
Had a feeling of incomplete emptying		
Felt your stool could not be passed		
Needed to press around your bottom to help your bowel movement		

33

37

3. Please tell us whether you have experienced any of these symptoms today and how severe the symptoms were.

**Please make sure you put a tick on every line**

SYMPTOM	None 1	Mild 2	Moderate 3	Severe 4
Abdominal bloating or swelling				
Abdominal pains/cramps				
Constant urge to pass a stool				
Passing wind from back passage				
Diarrhoea				
Nausea or vomiting				
Rumbling noises in gut				
Bleeding from back passage				
Irritation/itch/rash or soreness around back passage				
Bowel incontinence				
Anal pain				

38

48

4. This question asks about medication that you have taken and things that you have done today to help open your bowels.

**Please tick Yes or No and make sure you put a tick on every line**

Measures taken	Yes 1	No 2
I have taken medication prescribed by a doctor for constipation		
I have taken a medicine or preparation that I bought myself to help me open my bowels (eg from chemist, health food shop etc.)		
I have tried other measures to help with constipation (eg eaten certain foods, exercised, massaged stomach etc.)		

49

51

**WEEK 4 Saturday**

1. Please write in the box the number of bowel movements you have had today

52

2. This grid asks about difficulty in passing a stool. Please tell us which of the following you have experienced today.

**Please tick Yes or No and make sure you put a tick on every line**

Today, have you ...	Yes 1	No 2
Strained at stool		
Passed hard or lumpy stools		
Had a feeling of incomplete emptying		
Felt your stool could not be passed		
Needed to press around your bottom to help your bowel movement		

53

57

3. Please tell us whether you have experienced any of these symptoms today and how severe the symptoms were.

**Please make sure you put a tick on every line**

SYMPTOM	None 1	Mild 2	Moderate 3	Severe 4
Abdominal bloating or swelling				
Abdominal pains/cramps				
Constant urge to pass a stool				
Passing wind from back passage				
Diarrhoea				
Nausea or vomiting				
Rumbling noises in gut				
Bleeding from back passage				
Irritation/itch/rash or soreness around back passage				
Bowel incontinence				
Anal pain				

58

68

4. This question asks about medication that you have taken and things that you have done today to help open your bowels.

**Please tick Yes or No and make sure you put a tick on every line**

Measures taken	Yes 1	No 2
I have taken medication prescribed by a doctor for constipation		
I have taken a medicine or preparation that I bought myself to help me open my bowels (eg from chemist, health food shop etc.)		
I have tried other measures to help with constipation (eg eaten certain foods, exercised, massaged stomach etc.)		

69

71

1. Please write in the box the number of bowel movements you have had today

12

2. This grid asks about difficulty in passing a stool. Please tell us which of the following you have experienced today.

**Please tick Yes or No and make sure you put a tick on every line**

Today, have you ...	Yes 1	No 2
Strained at stool		
Passed hard or lumpy stools		
Had a feeling of incomplete emptying		
Felt your stool could not be passed		
Needed to press around your bottom to help your bowel movement		

13

17

3. Please tell us whether you have experienced any of these symptoms today and how severe the symptoms were.

**Please make sure you put a tick on every line**

SYMPTOM	None 1	Mild 2	Moderate 3	Severe 4
Abdominal bloating or swelling				
Abdominal pains/cramps				
Constant urge to pass a stool				
Passing wind from back passage				
Diarrhoea				
Nausea or vomiting				
Rumbling noises in gut				
Bleeding from back passage				
Irritation/itch/rash or soreness around back passage				
Bowel incontinence				
Anal pain				

18

28

4. This question asks about medication that you have taken and things that you have done today to help open your bowels.

**Please tick Yes or No and make sure you put a tick on every line**

Measures taken	Yes 1	No 2
I have taken medication prescribed by a doctor for constipation		
I have taken a medicine or preparation that I bought myself to help me open my bowels (eg from chemist, health food shop etc.)		
I have tried other measures to help with constipation (eg eaten certain foods, exercised, massaged stomach etc.)		

29

31



**WEEK 4 Extra questions for Sunday**

Please answer these questions on **SUNDAY** after filling in your diary for Week 4.

- The next question asks about any contacts you have had with health care professionals in connection with your constipation in the last seven days. Please tell us the number of times that you have had contact with the following healthcare professionals during the last seven days. **Please make sure you answer every question. (Write zero (0) in the box if you have not seen the healthcare professional described)**

People you have contacted in the last seven days	Number of times in the last seven days
I have seen a GP at my doctor's surgery about my constipation	
I have seen a nurse at my doctor's surgery about my constipation	
I have spoken to a GP over the telephone about my constipation	
I have spoken to a nurse over the telephone about my constipation	
I have telephoned NHS Direct information line about my constipation	
I have used an out of hours walk-in service because of my constipation	
A GP has visited me at home about my constipation	
A nurse has visited me at home about my constipation	
A health visitor has visited me at home about my constipation	

32-40

- During the past seven days did you **buy** any laxatives or preparations for yourself for your constipation? **Please do not include any laxatives or preparations prescribed by your doctor here. (Please circle one number only)**

Yes ..... 1

**Answer Q 2a**

No ..... 2

**Go to Q 3**

41

2a. In the table below, please write the name, type of preparation of each medication (for example tablets, capsules, mixture, sachets), and how much you paid for it overall. Please tell us about any laxative or preparation you bought during the last seven days for your constipation even if you did not take it.

Name of medication	Type of preparation	How much did you pay for it overall?	
		£	p
Example: Bisacodyl	Tablets	1	50

42-51  
52-61  
62-71  
72-81  
82-91

We would like you to think about any changes that you have made to your diet to help manage your constipation.

3. During the past seven days, have you bought any food (e.g. fruits, vegetables, high fibre cereal) or drink (e.g. fruit juices) to help you manage your constipation? **(Please circle one number only)**

Yes ..... 1

**Answer Q 3a**

No..... 2

**Go to Q 4**

92

3a. In the table below, please write in any food (e.g. fruits, vegetables, high fibre cereal) or drink (e.g. fruit juices) you have bought in the last seven days to help you to manage your constipation.

What did you buy?	How much did it cost?	
	£	p
Example: All Bran	2	35

93-99  
100-106  
107-113  
114-120

We would like you to think about any changes that you have made to your lifestyle or daily activities (increased activity or changed toileting habits) to help manage your constipation.

4. During the last seven days, have you made any changes to your lifestyle or daily activities to help you manage your constipation? **(Please circle one number only)**

Yes ..... 1

**Answer Q 4a**

No..... 2

**Go to Q 5**

121

- 4a. In the table below, please write in any changes you have made to your lifestyle or daily activities in the last seven days to help you to manage your constipation. If any of these changes have cost you to make please write in the cost to you.

What changes to lifestyle and daily activities did you make?	How much did the changes cost?	
	£	p
Example: Went for a long walk with the dog.	0	0

122-128

129-135

136-142

143-149

5. Over the last seven days, did you take any days off work because of your constipation? (Please count days of illness related to your constipation as well as any time taken to receive treatment or to attend clinic visits). **If you do not work please circle 'Not applicable'**

Yes ..... 1

**Answer Q 5a**

No..... 2

**Go to Q 6**

Not applicable ..... 3

**Go to Q 6**

150

- 5a. IF YES

Please write in the number of days .....

**(If you don't know or can't remember please put 9)**

151



6. Has anything else happened in the last seven days which you would like to tell us about? For example, have you been ill at all and unable to take your usual medication or has anything happened that has affected your bowel movements e.g. been in hospital, felt poorly and have not eaten very well, has sickness and diarrhoea etc. If so, please use the space below to tell us what has happened during this week.

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152-153

154-155

156-157

**Thank you for completing this diary**  
**Please return it in the envelope provided to:**

**LIFELAX Project  
University of Newcastle  
Centre for Health Services Research  
21 Claremont Place  
Newcastle upon Tyne  
NE2 4AA**

**If you have any queries please telephone  
The Project Secretary (0191) 222 6773**

**School of Population and Health Sciences**

UNIVERSITY OF  
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**Centre for Health Services Research**