

**CONFIDENTIAL**


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*lifelax*

UNIVERSITY OF  
NEWCASTLE UPON TYNE



## **Baseline Patient Face to Face Interview Schedule**

 Centre for Health Services Research  
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ISRCTN7388134

## INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE

In the questionnaire you will notice that we have used different type faces and fonts.

*Instructions for the interviewer are written in this type face. You do not need to read out these sections to the interviewee. They will prompt you to either probe for a further answer or tell you how to enter a particular answer.*

Sections that you need to read out to the interviewee are written in this type face. Sometimes we use a '**bold**', this is because we would like you to emphasise the wording. It is important that you read the words as they appear on the questionnaire.

*Before administering this questionnaire, please make sure that all of the "INTRODUCTION TO THE INTERVIEW" points on the laminated sheet that accompanies this questionnaire have been covered and explained to the interviewee.*

*When they have been explained please sign below and turn to page 2 of the questionnaire and begin.*

**Name of Interviewer** .....

**Signature of Interviewer** .....

**Date of interview**

	Day	month	year
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9-14

## GENERAL BOWEL HEALTH

I'm going to start by asking you about your bowels, your bowel health in general and any bowel problems you may have had. I will quite often use the phrase "bowel movement", this means the same as "passing a stool" or "opening your bowels".

- 1 Thinking back over the last month or so, how have your bowels been in general? (*Briefly note what respondent says*).

.....  
.....  
.....

In the next few questions I'd like you to think about how your bowels have been in the **last seven days**.

- 2 In the **last seven days**, on how many days did you have a bowel movement?

- 2a) Write in number of days  (record one day as 01)

*If respondent is unable to give the actual number of days, probe for the approximate number of days and circle the appropriate option below.*

- 2b) None ..... 08  
1-2 days ..... 09  
3-4 days ..... 10  
Most days (5-6) ..... 11  
Daily/every day..... 12  
Other ..... 96  
Cannot remember ..... 97  
Meaningless response..... 99
- 15-16

3 In the **last seven days**, on how many days did you strain to pass a stool?

3a) Write in number of days  (record one day as 01)

*If respondent is unable to give the actual number of days, probe for the approximate number of days and circle the appropriate option below.*

- 3b) None ..... 08
- 1-2 days ..... 09
- 3-4 days ..... 10
- Most days (5-6) ..... 11
- Daily/every day..... 12
- Other ..... 96
- Cannot remember ..... 97
- Meaningless response..... 99 17-18

4 In the **last seven days**, on how many days did you pass a hard or lumpy stool?

4a) Write in number of days  (record one day as 01)

*If respondent is unable to give the actual number of days, probe for the approximate number of days and circle the appropriate option below.*

- 4b) None ..... 08
- 1-2 days ..... 09
- 3-4 days ..... 10
- Most days (5-6) ..... 11
- Daily/every day..... 12
- Other ..... 96
- Cannot remember ..... 97
- Meaningless response..... 99 19-20

5 In the **last seven days**, on how many days did you have a feeling of incomplete emptying of your bowels?

5a) Write in number of days  (record one day as 01)

*If respondent is unable to give the actual number of days, probe for the approximate number of days and circle the appropriate option below.*

- 5b) None ..... 08
- 1-2 days ..... 09
- 3-4 days ..... 10
- Most days (5-6) ..... 11
- Daily/every day ..... 12
- Other ..... 96
- Cannot remember ..... 97
- Meaningless response..... 99 21-22

6 In the **last seven days**, on how many days did you feel your stool could not be passed?

6a) Write in number of days  (record one day as 01)

*If respondent is unable to give the actual number of days, probe for the approximate number of days and circle the appropriate option below.*

- 6b) None ..... 08
- 1-2 days ..... 09
- 3-4 days ..... 10
- Most days (5-6) ..... 11
- Daily/every day ..... 12
- Other ..... 96
- Cannot remember ..... 97
- Meaningless response..... 99 23-24

7 In the **last seven days**, on how many days did you need to press around your bottom to help your bowel movement?

7a) Write in number of days  (record one day as 01)

*If respondent is unable to give the actual number of days, probe for the approximate number of days and circle the appropriate option below.*

- 7b) None ..... 08
- 1-2 days ..... 09
- 3-4 days ..... 10
- Most days (5-6) ..... 11
- Daily/every day ..... 12
- Other ..... 96
- Cannot remember ..... 97
- Meaningless response ..... 99 25-26

## USE OF LAXATIVES

I'd now like to ask you some questions about laxatives or medication prescribed by your doctor that you may have used to help you open your bowels. Remember I am only asking you to tell me about the laxatives or medication prescribed by your doctor here.

- 8 For how many years have you been taking laxatives or medication **prescribed by your doctor** to help you open your bowels?

*(Please circle the number that describes the respondent's answer).*

- From less than a year up to 1 year ..... 1  
For more than 1 year up to 5 years ..... 2  
For more than 5 years up to 10 years..... 3  
For more than 10 years ..... 4  
Cannot remember ..... 5 27

Now I'd like you to think about **the last seven days**, and any laxatives or medication **prescribed by your doctor** you may have taken during that time to help open your bowels.

- 9 Thinking about the last seven days, did you take laxatives or medication **prescribed by your doctor** to help you open your bowels? *(Please circle the number that describes the respondent's answer).*

- Yes.....1 **GO TO Q9a**  
No .....2 **GO TO Q12** 28

- 9a) What was the name of the medication you took?

*Write in name of medication*

.....

31

9b) *If you know the class of laxative named by the respondent please circle the appropriate category below.*

- Bulk laxative ..... 1
- Stimulant laxative ..... 2
- Osmotic laxative ..... 3
- Other ..... 4
- Combined ..... 5
- Don't know ..... 6      32

9c) On how many days in the **last seven days** did you take it?

Write in number of days  (record one day as 01)

*If respondent is unable to give the actual number of days, probe for the approximate number of days and circle the appropriate option below.*

- 9d) None ..... 08
- 1-2 days ..... 09
- 3-4 days ..... 10
- Most days (5-6) ..... 11
- Daily/every day ..... 12
- Other ..... 96
- Cannot remember ..... 97
- Meaningless response ..... 99      33-34

10 Did you take any other laxatives or medication **prescribed by your doctor** to help you open your bowels? *(Please circle the number that describes the respondent's answer).*

- Yes ..... 1 **GO TO Q10a**
- No ..... 2 **GO TO Q12**      35

10a) What was the name of the medication you took?

*Write in name of medication*

.....

36-38



10b) *If you know the class of laxative named by the respondent please circle the appropriate category below.*

- Bulk laxative ..... 1
- Stimulant laxative ..... 2
- Osmotic laxative ..... 3
- Other ..... 4
- Combined ..... 5
- Don't know ..... 6

39

10c) On how many days in the **last seven days** did you take it?

Write in number of days  (record one day as 01)

*If respondent is unable to give the actual number of days, probe for the approximate number of days and circle the appropriate option below.*

- 10d) None ..... 08
- 1-2 days ..... 09
- 3-4 days ..... 10
- Most days (5-6) ..... 11
- Daily/every day ..... 12
- Other ..... 96
- Cannot remember ..... 97
- Meaningless response ..... 99

40-41

11 Did you take any other laxatives or medication **prescribed by your doctor** to help you open your bowels? *(Please circle the number that describes the respondent's answer).*

- Yes ..... 1 **GO TO Q11a**
- No ..... 2 **GO TO Q12**

42

11a) What was the name of the medication you took?

*Write in name of medication*

.....

43-45

11b) *If you know the class of laxative named by the respondent please circle the appropriate category below.*

- Bulk laxative ..... 1*
- Stimulant laxative ..... 2*
- Osmotic laxative ..... 3*
- Other ..... 4*
- Combined ..... 5*
- Don't know ..... 6*      46

11c) On how many days in the **last seven days** did you take it?

Write in number of days  (record one day as 01)

*If respondent is unable to give the actual number of days, probe for the approximate number of days and circle the appropriate option below.*

- 11d) *None ..... 08*
- 1-2 days ..... 09*
- 3-4 days ..... 10*
- Most days (5-6) ..... 11*
- Daily/every day ..... 12*
- Other ..... 96*
- Cannot remember ..... 97*
- Meaningless response ..... 99*      47-48

I'd now like to ask you some questions about laxatives or medication you may have bought **over the counter, from a chemist shop or supermarket**, that you may have used to help you open your bowels. Please do not include laxatives or medication prescribed by your doctor.

12 For how many years have you been taking laxatives or medication you have **bought over the counter** to help open your bowels?

*(Please circle the number that describes the respondent's answer).*

Never ..... 1

**GO TO Q16**

From less than a year up to 1 year ..... 2

For more than 1 year up to 5 years ..... 3

For more than 5 years up to 10 years..... 4

For more than 10 years ..... 5

Cannot remember ..... 6

**GO TO Q13**

49

Now I'd like you to think about **the last seven days**, and any **over the counter** laxatives or medication you may have taken during that time to help open your bowels.

13 Thinking about **the last seven days**, did you take any laxatives or medication **bought over the counter** to help you open your bowels? *(Please circle the number that describes the respondent's answer).*

Yes..... 1 **GO TO Q13a**

No ..... 2 **GO TO Q16** 50

13a) What was the name of the medication you took?

*Write in name of medication*

.....

51-53

13b) *If you know the class of laxative named by the respondent please circle the appropriate category below.*

- Bulk laxative ..... 1
- Stimulant laxative ..... 2
- Osmotic laxative ..... 3
- Other ..... 4
- Combined ..... 5
- Don't know ..... 6     54

13c) On how many days in the **last seven days** did you take it?

Write in number of days  (record one day as 01)

*If respondent is unable to give the actual number of days, probe for the approximate number of days and circle the appropriate option below.*

- 13d) None ..... 08
- 1-2 days ..... 09
- 3-4 days ..... 10
- Most days (5-6) ..... 11
- Daily/every day ..... 12
- Other ..... 96
- Cannot remember ..... 97
- Meaningless response ..... 99     55-56

14 Did you take any other laxatives or medication **bought over the counter** to help you open your bowels? *(Please circle the number that describes the respondent's answer).*

- Yes ..... 1 **GO TO Q14a**
- No ..... 2 **GO TO Q16**     57

14a) What was the name of the medication you took?

*Write in name of medication*

.....

58-60

14b) *If you know the class of laxative named by the respondent please circle the appropriate category below.*

- Bulk laxative ..... 1
- Stimulant laxative ..... 2
- Osmotic laxative ..... 3
- Other ..... 4
- Combined ..... 5
- Don't know ..... 6     61

14c) On how many days in the **last seven days** did you take it?

Write in number of days  (record one day as 01)

*If respondent is unable to give the actual number of days, probe for the approximate number of days and circle the appropriate option below.*

- 14d) None ..... 08
- 1-2 days ..... 09
- 3-4 days ..... 10
- Most days (5-6) ..... 11
- Daily/every day ..... 12
- Other ..... 96
- Cannot remember ..... 97
- Meaningless response ..... 99     62-63

15 Did you take any other laxatives or medication **bought over the counter** to help you open your bowels? *(Please circle the number that describes the respondent's answer).*

- Yes ..... 1 **GO TO Q15a**
  - No ..... 2 **GO TO Q16**
- 64

15a) What was the name of the medication you took?

Write in name of medication

.....

65-67

15b) *If you know the class of laxative named by the respondent please circle the appropriate category below.*

- Bulk laxative ..... 1
- Stimulant laxative ..... 2
- Osmotic laxative ..... 3
- Other ..... 4
- Combined ..... 5
- Don't know ..... 6      68

15c) On how many days in the **last seven days** did you take it?

Write in number of days  (record one day as 01)

*If respondent is unable to give the actual number of days, probe for the approximate number of days and circle the appropriate option below.*

- 15d) None ..... 08
- 1-2 days ..... 09
- 3-4 days ..... 10
- Most days (5-6) ..... 11
- Daily/every day ..... 12
- Other ..... 96
- Cannot remember ..... 97
- Meaningless response ..... 99      69-70

***The questionnaire continues on the next page.***

16 Now please think about your constipation and laxative use and tell me what is the main thing you want to achieve by taking your laxatives?

*(Briefly note what respondent says).*

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71-73

Now please tell me how you would define “**successfully managed constipation?**”

*(Briefly note what respondent says).*

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74-76

**STOP**

*Now please make sure that all of the "END TO THE FACE TO FACE INTERVIEW" points on the laminated sheet that accompanies this questionnaire have been covered with the interviewee.*