

# BOWEL CONTROL SATISFACTION SURVEY

Name \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_

Which symptoms best describe you? (check please)

- Bowel accidents because I am unable to make it to the bathroom in time
- Bowel accidents while asleep/unaware
- Frequent loose, watery stools
- Abdominal pain

How long have you had these symptoms? \_\_\_\_\_

Approximately how many bowel accidents do you have per week? \_\_\_\_\_

Behavior modifications tried \_\_\_\_\_  
(i.e., lifestyle changes, fiber, diet changes, pelvic floor muscle training/biofeedback)

Have you tried medications to help your symptoms?  Yes  No

If yes, check the medications you have tried:

- Imodium®  Lomotil®
- Imotil®  diphenoxylate
- Loperamide  Other \_\_\_\_\_

Did these medications help your symptoms? Circle #

0	1	2	3	4	5	6	7	8	9	10		
<i>No relief</i>											<i>Completely cured</i>	

If you've stopped taking your meds, explain why:

- Did not help  Side effects  Too expensive

Describe side effects \_\_\_\_\_

What is your level of frustration with your bowel control symptoms? Circle #

0	1	2	3	4	5	6	7	8	9	10		
<i>Not frustrated</i>											<i>Very frustrated</i>	

I am interested in learning more about other treatment options.  Yes  No