

PLEASE ANSWER ALL QUESTIONS : N/A IF DOESN'T APPLY

DEMOGRAPHIC LABEL

Reproductive History:

How many children have you had?

How many pregnancies have you had?

Vaginal: _____

C-section: _____

Were there any difficult pregnancies/labour (tears or episiotomy)? Describe it here:

Social History:

What do you do for a living? _____

Do you sit for prolonged periods of time? YES NO

Do you lift heavy weights? YES NO

Do you ride a bike/cycle often? YES NO

Focused Anorectal Symptoms:

Do you suffer from **constipation or diarrhea**?

Constipation: YES NO Diarrhea: YES NO








How long? _____

How frequent? _____/DAY _____

How many bowel movements do you have in a day?

Do you **never/sometimes/often** strain with bowel movements?

What type is your usual stool like? Please circle.

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

After a bowel movement, do you feel like there's still some stool inside?

Do you have any **rectal bleeding**? If yes:

When did it start? _____

When did it stop (if it has)? _____

How often? _____

Fresh bright blood: Yes/No

Dark blood: Yes/No

Blood clots: Yes/No

Is it only with bowel movements? Yes/No

If yes, when else do you notice it? _____

Is there anything that makes it feel better? If so, what? _____

On a scale of 1 – 10, how bad is it?

1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Is it just on the toilet paper (1-2)? Y/N

Is it on the stool (3-4)? Y/N

Does it drip into the toilet bowl(5+)? Y/N

Has it been getting worse or better over time?

Do you have any anorectal **swelling/pressure sensation/something coming out of your anus/prolapsing hemorrhoids** especially with bowel

movements? If yes:

When did it start? _____

When did it stop (if it has)? _____

How often? _____

Which best describes the swelling? You may choose more than 1 option.

Grade 1: Nothing comes out, just a pressure/ swelling sensation internally

Grade 2: It comes out with bowel movements/certain activities but it goes in by itself

Grade 3: It comes out with bowel movements/certain activities but I have to push it back in

Grade 4: There's always something outside

Has it been getting worse or better over time?

Do you have any **anorectal pain**? If yes:

When did it start? _____

When did it stop (if it has)? _____

How often does it occur:

- Only with bowel movements? Y/N
- Every bowel movement? Y/N
- Only with constipation/diarrhea? Y/N
- With sitting down? Y/N
- With standing? Y/N
- Other activities: _____

How long does the pain last when it comes?

Do you have any **anorectal pain**? If yes: (continuation)
Is there anything that makes it feel better? If so, what? _____

On a scale of 1-10, how bad is it?
1 – 2 – 3 – 4 – 5 – 6 -7 – 8 – 9 – 10
Has it been getting worse or better over time?

Do you have any **rectal itchiness**? If yes:
When did it start? _____
When did it stop (if it has)? _____
How often? _____

Is there anything that makes it feel better? If so, what? _____

On a scale of 1-10, how bad is it?
1 – 2 – 3 – 4 – 5 – 6 -7 – 8 – 9 – 10
Has it been getting worse or better over time?

Do you notice **any leakage/drainage/pus/mucous coming out of your bottom**? If yes:
Please describe: _____

When did it start? _____
When did it stop (if it has)? _____
How often does it occur: _____
Is there anything that makes it feel better? If so, what? _____

On a scale of 1-10, how bad is it?
1 – 2 – 3 – 4 – 5 – 6 -7 – 8 – 9 – 10
Has it been getting worse or better over time?

Do you feel **bloated? Fart a lot?**
Please describe: _____

When did it start? _____
When did it stop (if it has)? _____
How often does it occur: _____
Is there anything that makes it feel better? If so, what? _____

On a scale of 1-10, how bad is it?
1 – 2 – 3 – 4 – 5 – 6 -7 – 8 – 9 – 10
Has it been getting worse or better over time?

Do you have **leaks or accidents; soiling your underwear**?
Please describe: _____

When did it start? _____
When did it stop (if it has)? _____

Bowel Movement (BM) Passage:
Do you have trouble where you feel like you need to have a BM but nothing comes out? YES NO
Do you have to sit for a long time on the toilet? YES NO
Do you have to push to get out your stool? YES NO
How often does it occur: _____
Is there anything that makes it feel better? If so, what?

On a scale of 1-10, how bad is it? (Circle your answer please)
1 – 2 – 3 – 4 – 5 – 6 -7 – 8 – 9 – 10
Has it been getting worse or better over time?
YES NO
Have you had any previous treatment (rubber band ligation/cryotherapy/surgery) for hemorrhoids?
YES NO
If so, what kind of hemorrhoid treatment, when and how many?

Any family history of Colon cancer or inflammatory bowel disease (Crohn's/colitis)? YES NO

Have you had a previous look with camera or tube inside; sigmoidoscopy/anoscopy/Rubber Band treatment of hemorrhoids/colonoscopy YES NO
When was your last colonoscopy? _____
What did they find? _____

What medicine did you doctor give you and for how long?

Do you have any other symptoms or other information like other testing, diagnosis or treatment not listed here that were done for you or concern you?

