

BOWEL CONTROL SATISFACTION SURVEY

Name _____ Phone _____

Physician _____

Which symptoms best describe you?

- 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
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No Relief

Completely Cured

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
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Not frustrated

Very frustrated

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

Please Return to
Colon Rectal Surgery Inc
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