

## 1. Determine NBD score

Ask your patient the following questions:

(Mark only one answer per question)

### 1. How often do you empty your bowel?

- Daily (score 0)
- 1-6 times per week (score 1)
- Less than once per week (score 6)

### 2. How much time do you spend each time to empty your bowel?

- Less than 30 min. (score 0)
- 31-60 min. (score 3)
- More than an hour (score 7)

### 3. Do you experience uneasiness, sweating or headaches during or after emptying your bowel?

- Yes (score 2)
- No (score 0)

### 4. Do you regularly take medication (tablets or capsules) to treat constipation?

- Yes (score 2)
- No (score 0)

### 5. Do you regularly take medication (drops or liquid by mouth) to treat constipation?

- Yes (score 2)
- No (score 0)

### 6. How often do you use fingers to stimulate and/or empty your bowels (digital stimulation or manual removal)?

- Less than once per week (score 0)
- Once or more per week (score 6)

### 7. How often do you experience involuntary loss of stool (bowel accidents)?

- Daily (score 13)
- 1-6 times a week (score 7)
- 1-4 times a month (score 6)
- A few times a year or less (score 0)

### 8. Do you take medication to avoid involuntary passing of stool?

- Yes (score 4)
- No (score 0)

### 9. Do you experience passing wind (gas or flatus) without being able to control it?

- Yes (score 2)
- No (score 0)

### 10. Do you have any skin problems around your anal area?

- Yes (score 3)
- No (score 0)

## 2. Subjective patient satisfaction

Ask your patient:

How would you rate your satisfaction\* with your bowel functions over the past 4 weeks?

\*Overall subjective sensation of satisfaction

- Good
- Adequate/acceptable
- Poor
- Very poor

## 3. Special attention symptoms

Ask your patient:

Have you experienced any of these symptoms since the last time you had a medical consultation regarding your bowel problems?

Tick as many boxes as apply. If none apply, mark "None of the above".

- Intense pain in your abdomen or rectum
- New or increased bleeding from the anus
- Hospitalisation due to bowel problems
- Reduction in your independence with regard to bowel care
- An episode of autonomic dysreflexia (pounding headache, profuse sweating...) related to your bowel problems
- None of the above

If your patient has experienced one or more symptoms from the list above, they qualify for 🚩 status.

Continue to the MENTOR Wheel to assess treatment based on this Questionnaire.

Patient name \_\_\_\_\_

Date \_\_\_\_\_