

PAC-SYM – Constipation Assessment Score

This questionnaire asks you about your constipation in the **past 2 weeks**. Answer each question according to your symptoms, as accurately as possible. There are no right or wrong answers.

For each symptom below, please indicate **how severe** your symptoms have been during the **past 2 weeks**. If you have not had the symptom during the past 2 weeks, check 0. If the symptom seemed mild, check 1. If the symptom seemed moderate, check 2. If the symptom seemed severe, check 3. If the symptoms seemed very severe, check 4. Please be sure to answer every question.

How severe have each of these symptoms been in the last 2 weeks	Absent 0	Mild 1	Moderate 2	Severe 3	Very Severe 4
Discomfort in your abdomen	☐	☐	☐	☐	☐
Pain in your abdomen	☐	☐	☐	☐	☐
Bloating in your abdomen	☐	☐	☐	☐	☐
Stomach cramps	☐	☐	☐	☐	☐
Painful bowel movements	☐	☐	☐	☐	☐
Rectal burning during or after a bowel movement	☐	☐	☐	☐	☐
Incomplete bowel movement, like you didn't "finish"	☐	☐	☐	☐	☐
Bowel movements that were too hard	☐	☐	☐	☐	☐
Bowel movements that were too small	☐	☐	☐	☐	☐
Straining or squeezing to try to pass bowel movements	☐	☐	☐	☐	☐
Feeling like you have to pass a bowel movement but you couldn't (false alarm)	☐	☐	☐	☐	☐
				TOTAL	