



CEDARS-SINAI®

S. MARK TAPER FOUNDATION
IMAGING CENTER

DEFECOGRAPHY QUESTIONNAIRE
Fluoroscopy or Dynamic Pelvic MR

PATIENT I.D.

Please answer yes or no. Some questions require you to circle the best answer.

1. Do either of these situations apply to you? If yes, circle one or both:
 - (a) I often feel as if my rectum is full; I just can't evacuate it.
 - (b) Once I have passed stool, I frequently feel there is still more feces in my rectum; I just can't evacuate it.

2. Have you ever experienced rectal trauma? Yes No
3. Do you ever have involuntary leakage of stool? Yes No
4. Do you ever notice that you pass mucus out of the anus? Yes No
5. Do you ever use your fingers to assist with defecation? Yes No
6. Does any sort of "mass" or flesh come out of your anus and then go back inside? Yes No
7. If so, how big is it (circle, or describe): cherry sized, plum sized, orange sized, grapefruit sized.
Other: _____
8. If you have such a mass:

Does it go back in on its own?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you somehow squirm it back in?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you push it back with your fingers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Were you constipated as a child? Yes No
10. Do you have a family history of constipation? Yes No
If so, circle: Mother, Sister, or other: _____
11. How many times do you get up at night to defecate? _____
12. Do you presently use (circle all that apply): Yes No
Laxatives, herbal laxatives, stool softeners, MiraLAX, mineral oil, fiber supplements, suppositories.
Other: _____
13. Do you give yourself enemas? Yes No
If so, (circle): Fleets type; large bag of liquid.



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14. During defecation do you find that leaning in one direction helps the stool come out? Yes No
- a. If so, circle which direction: to the left, to the right, forwards, backwards.
- b. When the stool is coming out of your anus, does it ever veer to the left or the right (instead of dropping straight)? Yes No
15. What is the usual character of your stool (circle): Diarrhea; loose; normal consistency; hard; rock hard; big bulky stools; pellets; thin and pencil like.
Other: _____
16. *On average*, how long, in a 24-hour period, do you spend sitting on the toilet? Your answer should be a single block of time (example: 20 minutes; 5 hours). In other words, aggregate the times of all your visits to the bathroom (maybe 5 minutes when you get up, 10 minutes after breakfast, and so on through the day) _____
17. Presently, *if you were prevented from using laxatives, enemas or other defecation aids*, how often do you think you would have a successful bowel movement (for example: every three days; once a week; never): _____
18. If, in your answer to the above question, you said that there are several days between bowel movements (say six days), on the intervening days (say Day 3) would you (circle):
- (a) Have no urge to have a bowel movement.
- (b) Have no urge to defecate, but feel bloating in the abdomen.
- (c) Have an urge to have a bowel movement, but, if you sat on the toilet, you'd be unable to pass stool.
- (d) Have both an urge to defecate and a sensation of bloating, but, once again, be unable to pass stool.
19. Circle all of the people that you've consulted about this problem:
Family Practitioner, Gastroenterologist, Colo-Rectal Surgeon, Gynecologist, Psychiatrist, Acupuncturist, Chiropractor, Chinese herbalist, Holistic doctor, Naturopathic doctor, Colon Lavage Clinic.
Other: _____
20. Have you had a Dynamic MR Defecography? Yes No
21. Have you had a previous Defecography test? Yes No
22. Have you ever been seen or treated in an Ano-Rectal Laboratory? Yes No
23. Have you had an ultrasound of the anal sphincter? Yes No
24. Have you had a sigmoidoscopy? Yes No
25. Have you had a colonoscopy? Yes No



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26. Have you had abdominal surgery? Yes No
If yes, please specify: _____
27. Have you had surgery on any of the following? Yes No
(circle all that apply): Anus, Rectum, Pelvis
28. Have you had radiation therapy to pelvis? Yes No
29. Have you had diverticulitis? Yes No
30. Have you had a bladder suspension operation? Yes No
If so, was mesh used? Yes No
31. Have you had a Sitz Marker test? Yes No
32. Have you had biofeedback treatment? Yes No
33. Have you had a lactulose/hydrogen breath test? Yes No
34. **For men only**, have you had a prostatectomy? Yes No

Additional Questions for Women Only:

35. Number of vaginal deliveries (if applicable) _____
36. Number of C-Sections (if applicable) _____
37. Have you had a hysterectomy? Yes No
38. During defecation, do you get a sensation of fullness or bulkiness in your vagina? Yes No
39. Does such a mass come out of your vagina? Yes No
40. Do you have involuntary leakage of urine? Yes No
If so, is it spontaneous or with coughing or laughing? Yes No

Patient (please print)	Patient Signature	DATE	TIME
CSMC Representative Printed Name	CSMC Representative Signature	DATE	TIME