



Name: Date:

Patient Questionnaire – Anorectal Health

Bowel & Dietary Habits

(Circle either Yes or No for each answer)

- 1. Do you suffer from Constipation? Y / N
- 2. Do you suffer from Diarrhea? Y / N
- 3. Do you have to strain or push hard when having a bowel movement? Y / N
- 4. Time spent on toilet during average bowel movement? Minutes
- 5. Does any tissue ever come out of your rectum (prolapse) during a bowel movement? Y / N
- 6. Do you often feel like you're "still not done" after a bowel movement? Y / N
- 7. Are you taking any fiber supplements? Y / N
- a. If yes, which one(s)?
- 8. On average, do you drink the equivalent of 6-8 glasses of water per day? Y / N

Symptoms (in Rectal Area)

(Check all that apply)

- Bleeding Itching Prolapse Pressure or Swelling Leaking or Soiling Pain Burning

Additional Questions

(Circle either Yes or No for each answer)

- 1. Are you allergic to latex? Y / N
- 2. Are you pregnant? Y / N
- 3. Are you taking any blood thinners (Coumadin, Plavix, Pradaxa, Xarelto, Eliquis, etc.)? Y / N
- 4. Have you ever been diagnosed with Crohn's disease, proctitis, cirrhosis or anal/rectal cancer? Y / N
- 5. Are you taking immunosuppressant medication or undergoing radiation treatments? Y / N
- 6. Have you ever had a colonoscopy? **Y / N** Date of last colonoscopy:

Additional Comments?

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