



# Wexner constipation questionnaire

In order to assess how best to manage your condition, please complete this short questionnaire about the bowel symptoms you have been experiencing. Please include your name and the date you completed this form.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please tick just one answer for each question

<b>1. How often do you open your bowels (have a poo)?</b>	
More than once a day	
2 times a week	
Once a week	
Less than once a week	
Less than once a month	

<b>2. Is it difficult or painful to open your bowels (have a poo)?</b>	
Never	
Rarely	
Sometimes	
Usually	
Always	

<b>3. Do you feel that you do not completely empty your bowels when you go to the toilet?</b>	
Never	
Rarely	
Sometimes	
Usually	
Always	

<b>4. How many unsuccessful attempts to empty your bowel do you have in 24 hours?</b>	
None	
1-3	
3-6	
6-9	
More than 9	

<b>5. Do you feel pain in your tummy (abdomen)?</b>	
Never	
Rarely	
Sometimes	
Usually	
Always	

<b>6. How long does it take you to open your bowels (have a poo)?</b>	
Less than 5 minutes	
5-10 minutes	
10-20 minutes	
20-30 minutes	
More than 30 minutes	

<b>7. How long have you had constipation / difficulty opening your bowel?</b>	
Less than a year	
1-5 years	
5-10 years	
10-20 years	
More than 20 years	

<b>8. Do you need assistance to open your bowel?</b>	
No assistance (i.e. no laxatives or digital assistance)	
Stimulant laxatives, (e.g. Dulcolax, Senokot)	
Digital assistance (i.e. using your fingers to help empty) or enema	

Thank you for completing this questionnaire. Please bring this with you with any other paperwork we have sent you to your next appointment. If you have any queries about it, please speak to your clinical nurse specialist.

## Contacting us

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**Please ask if you need this information in another language or format**

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