

1. Determine NBD score

Ask your patient the following questions:

(Mark only one answer per question)

1. How often do you open your bowels?

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

2. How much time do you spend opening your bowels?

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

3. Do you experience Autonomic Dysreflexia symptoms such as uneasiness, sweating or headaches during or after opening your bowels?

- ☐ Yes (score 2) ☐ No (score 0)

4. Do you regularly take oral medication to treat constipation?

- ☐ Yes (score 2) ☐ No (score 0)

5. Do you regularly use suppositories or enemas to treat constipation?

- ☐ Yes (score 2) ☐ No (score 0)

6. Do you use digital stimulation or manual evacuation to open your bowels?

- ☐ No (score 0)
☐ Yes, more than once 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 accidents / loose stools / diarrhoea?

- ☐ 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
☐ Do you have new or increased haemorrhoids which bleed after passing a stool?
☐ None of the above

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

Does your patient currently use transanal irrigation?

- ☐ Yes ☐ No

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

Patient name _____

Date _____