



## Symptoms Other Than Pain

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### Constipation Assessment Scale

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Directions: Circle the appropriate number to indicate whether *during the past three days* you have had NO PROBLEM, SOME PROBLEM or a SEVERE PROBLEM with each of the items listed

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<i>ITEM</i>	<i>NO PROBLEM</i>	<i>SOME PROBLEM</i>	<i>SEVERE PROBLEM</i>
1. Abdominal distention or bloating	0	1	2
2. Change in amount of gas passed rectally	0	1	2
3. Less frequent bowel movements	0	1	2
4. Oozing liquid stool	0	1	2
5. Rectal fullness or pressure	0	1	2
6. Rectal pain with bowel movement	0	1	2
7. Smaller stool size	0	1	2
8. Urge but inability to pass stool	0	1	2

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Patient name

Date

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