

THE NEUROGENIC BOWEL DYSFUNCTION SCORE¹

Select the option that best describes your bowel symptoms.

1. How often do you have a bowel movement?

- Daily (0)
- 1-6 times every week (1)
- Less than once a week (6)

2. How long does your bowel care routine take? 0-30

- min (0)
- 31-60 min (3)
- More than one hour (7)

3. Do you have a feeling of uneasiness, headache or sweating during your bowel care?

- No (0)
- Yes (2)

4. Do you take oral medication for constipation regularly?

- No (0)
- Yes (2)

5. Do you take oral medication in liquid form for constipation regularly?

- No (0)
- Yes (2)

6. How often do you use digital stimulation or digital evacuation to empty your bowel?

- Less than once a week (0)
- Once or more every week (6)

7. How often do you have bowel accidents?

- Less than once every month (0)
- 1-4 times every month (6)
- 1-6 times every week (7)
- Daily (13)

8. Do you use medication to prevent bowel accidents?

- No (0)
- Yes (4)

9. Do you pass gas without control?

- No (0)
- Yes (2)

10. Do you have problems with the skin around your anus?

- No (0)
- Yes (3)

Severity of bowel dysfunction

0-6 Very minor 10-13 Moderate
7-9 Minor 14 - Severe

Total score:.....

General satisfaction

Please mark the scale with a cross (x) to represent your general satisfaction with your bowel management.
(Perfect satisfaction = 0 / Total dissatisfaction = 10)



Name:

Date:

1. Neurogenic bowel dysfunction score.
K Krogh et al. Neurogenic bowel dysfunction score. Spinal Cord (2006).