

PAC-QOL QUESTIONNAIRE^{1,2}

This page is intended for healthcare professionals only. Do not show to patients.

Thank you for downloading the PAC-QOL questionnaire from the Target OIC website.

Alongside the PAC-SYM, this is the second of the two complementary PAC components designed to assess the impact of constipation on quality of life. It is a self-reported questionnaire consisting of 28 items grouped into four subscales.

Pages 2-4 of this document can be handed to your patient to complete. Before they begin you may wish to reassure your patient that there are no right or wrong answers and that they should answer each question as accurately as possible, according to their experience.

Scoring

The PAC-QOL is a tool that can be used to assess the impact of the patient's constipation on quality of life. There is not an established PAC-QOL score for the diagnosis of constipation.

The first six sections assess the patient dissatisfaction index, in which lower reported scores correspond to better quality of life. The 'satisfaction' section contains four items, in which a higher reported score corresponds to better quality of life.

Adapted from: 1. Marquis P, De La Loge C, Dubois D, et al. Development and validation of the Patient Assessment of Constipation Quality of Life questionnaire. *Scandinavian Journal of Gastroenterology*. 2005;40(5):540-551. 2. Slappendel R, Simpson K, Dubois D, et al. Validation of the PAC-SYM questionnaire for opioid-induced constipation in patients with chronic low back pain. *European Journal of Pain*. 2006;10(3):209-217.



PATIENT ASSESSMENT OF CONSTIPATION – QUALITY OF LIFE QUESTIONNAIRE FOR USE WITH OIC

- This questionnaire is designed to measure the impact constipation has had on your daily life over the past 2 weeks.
- Answer each question according to your experience as accurately as possible. There are no right or wrong answers.
- Please tick the box that best represents how you feel.

The following questions ask about your symptoms related to constipation. During the past 2 weeks, to what extent or **intensity** have you...

	Not at all	A little bit	Moderately	Quite a bit	Extremely
	0	1	2	3	4
1. felt bloated to the point of bursting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. felt heavy because of your constipation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next few questions ask about how constipation affects your **daily life**. During the past 2 weeks, how much of the time have you...

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
	0	1	2	3	4
3. felt any physical discomfort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. felt the need to have a bowel movement but not been able to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. been embarrassed to be with other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. been eating less and less because of not being able to have bowel movements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



The next few questions ask about how constipation affects your **daily life**.
During the past 2 weeks, to what extent or intensity have you...

	Not at all	A little bit	Moderately	Quite a bit	Extremely
	0	1	2	3	4
7. had to be careful about what you eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. had a decreased appetite?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. been worried about not being able to choose what you eat (for example, at a friend's house)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. been embarrassed about staying in the bathroom for so long when you were away from home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. been embarrassed about having to go to the bathroom so often when you were away from home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. been worried about having to change your daily routine (for example, travelling, being away from home)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next few questions ask about your **feelings** related to constipation.
During the past 2 weeks, how much of the time have you...

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
	0	1	2	3	4
13. felt irritable because of your condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. been upset by your condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. felt obsessed by your condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. felt stressed by your condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. felt less self-confident because of your condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. felt in control of your situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



The next questions ask about your **feelings** related to constipation.
During the past 2 weeks, to what extent or intensity have you...

	Not at all 0	A little bit 1	Moderately 2	Quite a bit 3	Extremely 4
19. been worried about not knowing when you are going to be able to have a bowel movement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. been worried about not being able to have a bowel movement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. been more and more bothered by not being able to have a bowel movement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions ask about your **life with constipation**.
During the past 2 weeks, how much of the time have you...

	None of the time 0	A little of the time 1	Some of the time 2	Most of the time 3	All of the time 4
22. been worried that your condition will get worse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. felt that your body was not working properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. had fewer bowel movements than you would like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions ask about **your degree of satisfaction** related to constipation.
During the past 2 weeks, to what extent or intensity have you been...

	Not at all 0	A little bit 1	Moderately 2	Quite a bit 3	Extremely 4
25. satisfied with how often you have a bowel movement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. satisfied with the regularity of your bowel movements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. satisfied with the time it takes for food to pass through the intestines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. satisfied with your treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing this questionnaire

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