

PAC-SYM QUESTIONNAIRE^{1,2}

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

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

This is the first of the two complementary PAC components designed to assess the patient's experience of constipation over two weeks by measuring symptoms and symptom severity. It is a self-reported questionnaire consisting of 12 symptoms divided into three domains: abdominal, rectal and stool, with responses rated on a 5-point Likert scale.

Page 2 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 symptoms.

Scoring

The PAC-SYM is a tool that can be used to understand the severity of your patient's constipation and help you identify key symptom areas. A total PAC-SYM score ranges from 0 to 48 with a low score indicating fewer symptoms and of lower severity.

Adapted from: 1. Frank L, Kleinman L, Farup C, et al. Psychometric validation of a constipation symptom assessment questionnaire. *Scand J Gastroenterol.* 1999;34(9):870-877. 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 – SYMPTOMS QUESTIONNAIRE FOR USE WITH OIC

- This questionnaire asks you about your constipation in the past 2 weeks. Answer each question according to your symptoms as accurately as possible. There are no right or wrong answers.
- Please tick the box that best represents the severity of your symptoms.

On a scale of 0-4, how severe has each of these symptoms been in the past 2 weeks?

	Absence of symptom 0	Mild 1	Moderate 2	Severe 3	Very severe 4
Abdominal:					
1. Discomfort in your stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Pain in your stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Bloating in your stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stomach cramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rectal:					
5. Painful bowel movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Rectal burning during or after a bowel movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Rectal bleeding or tearing during or after a bowel movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stool:					
8. Incomplete bowel movement, felt like you didn't finish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Bowel movements were too hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Bowel movements were too small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Straining or squeezing to try and pass bowel movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Feeling like you had to pass a bowel movement but you could not ('false alarm')	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

