Appendix C

Research Diagnostic Questions for Functional Gastrointestinal Disorders:

Rome II Integrative Questionnaire
**Information for Investigator**

This questionnaire has been developed primarily for epidemiological surveys, though it may also be used in clinical practice. It contains the Rome II criteria in addition to other symptom-related items that can be used in clinical research.

To make a diagnosis, the questionnaire criteria must be fulfilled as indicated in the coding form. The clinician or investigator must also determine that structural disease(s) that would explain these symptoms are excluded.

Note that the Rome II criteria require that symptoms must be present for at least 12 weeks (at least one day in that week) over the past year. However, the committee accepts that for survey purposes, symptoms might only be present in the previous three months. This questionnaire will allow for 1 year and in some cases 3 months for certain categories (functional gastroduodenal, functional bowel).

**Information for Respondent**

The purpose of this survey is to provide a better understanding of health problems specifically related to the gastrointestinal system. Your participation is entirely voluntary. This survey will take approximately 15 minutes to complete. You may find that some questions do not apply to you. Please follow the instructions that tell you which questions require your answer and which questions you can skip.

To answer each question, you need to mark the appropriate response box. For example:

**Do you have stomach pain?**

Yes .............................................................. ●
No .............................................................. ●

If you are not sure or can’t remember the answer to a question, just choose your best guess. It is easy to miss questions, so please check that you haven’t left any out as you go.

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Section A

First, we would like to ask you some questions about any belly or abdomen pain or discomfort in the last year.

When we say belly or abdomen pain or discomfort, we mean any pain or discomfort in the areas labelled A, B, C or D as shown in Diagram 1 on page 692 (Please do not count cramps or pain with menstrual periods and do not count pain in your chest).

A1. In the last year have you had discomfort or pain in your belly or abdomen?

- Not at All or Rarely ................................................................. ❑
- Occasionally ........................................................................... ❑
- Often ....................................................................................... ❑
- Very Often ............................................................................. ❑
- Almost Always ...................................................................... ❑

A2. In the last three months have you had discomfort or pain in your belly or abdomen?

- Not at All or Rarely ................................................................. ❑
- Occasionally ........................................................................... ❑
- Often ....................................................................................... ❑
- Very Often ............................................................................. ❑
- Almost Always ...................................................................... ❑

If you answered Not at All or Rarely to Question A1 or A2 please go to Question B1.

Occasionally: more than one tenth of the time   Often: more than one quarter of the time
Very Often: more than one half of the time
A3. How does the discomfort or pain you had in the last three months compare to what you had in the last year? Would you say it was . . .

Better in the last three months .................................................. ❑
Worse in the last three months .................................................. ❑
About the same ................................................................. ❑
Didn’t have pain or discomfort in the last three months ............... ❑

A4. In the last year when you had this discomfort or pain in your belly or abdomen was it continuous or nearly continuous (without breaks)?

Yes ................................................................. ❑
No ................................................................. ❑

A5. How old were you when this discomfort or pain first began (as close as you can recall)?

Age in years .................................................................

Occasionally: more than one tenth of the time
Often: more than one quarter of the time
Very Often: more than one half of the time
A6. Where is your belly or abdomen pain located, according to the diagram on the previous page (areas A, B, C, or D)? You can mark more than one answer.

- A
- B
- C
- D

A7. If you have more than one pain, where was the location of your most troublesome pain. Choose only one area (A, B, C, or D) from Diagram 1.

- A
- B
- C
- D

A8. In the last year, were your daily activities affected by any discomfort or pain in your belly or abdomen?

- Not at All or Rarely
- Occasionally
- Often
- Very Often
- Almost Always

*Occasionally:* more than one tenth of the time  
*Often:* more than one quarter of the time  
*Very Often:* more than one half of the time
The following questions refer to any belly or abdomen discomfort or pain (Areas A, B, C or D on Diagram 1) you may have had in the last year.

A9. In the last year, how bad was the discomfort or pain in your belly or abdomen?

- Very Mild.
- Mild.
- Moderate.
- Severe.

A10. In the last year, did this discomfort or pain in your belly or abdomen get better or stop after having a bowel movement (passing stool)?

- Not at All or Rarely.
- Occasionally.
- Often.
- Very Often.
- Almost Always.

A11. In the last year, did you have more bowel movements (stools) than usual when this discomfort or pain began?

- Not at All or Rarely.
- Occasionally.
- Often.
- Very Often.
- Almost Always.

*Rome II Integrative Questionnaire*

Occasionally: more than one tenth of the time

Often: more than one quarter of the time

Very Often: more than one half of the time
A12. In the last year, did you have fewer bowel movements (stools) than usual when this discomfort or pain began?

Not at All or Rarely ................................................... ❑
Occasionally ............................................................. ❑
Often ........................................................................... ❑
Very Often ................................................................. ❑
Almost Always .......................................................... ❑

A13. In the last year, did you have looser bowel movements (stools) than usual when this discomfort or pain began?

Not at All or Rarely ................................................... ❑
Occasionally ............................................................. ❑
Often ........................................................................... ❑
Very Often ................................................................. ❑
Almost Always .......................................................... ❑

A14. In the last year, did you have harder bowel movements (stools) than usual when this discomfort or pain began?

Not at All or Rarely ................................................... ❑
Occasionally ............................................................. ❑
Often ........................................................................... ❑
Very Often ................................................................. ❑
Almost Always .......................................................... ❑

A15. In the last year, was this discomfort or pain made better by belching?

Not at All or Rarely ................................................... ❑
Occasionally ............................................................. ❑
Often ........................................................................... ❑
Very Often ................................................................. ❑
Almost Always .......................................................... ❑

Occasionally: more than one tenth of the time    Often: more than one quarter of the time
Very Often: more than one half of the time
A16. In the last year, did this discomfort or pain occur after meals?

Occasionally

Often

Very Often

Almost Always

A17. In the last year, did this discomfort or pain ever wake you up from your sleep?

Occasionally

Often

Very Often

Almost Always

A18. In the last year, did this discomfort or pain ever spread to your back or shoulders?

Occasionally

Often

Very Often

Almost Always

A19. In the last year, was this discomfort or pain made better by bending forward?

Occasionally

Often

Very Often

Almost Always

Occasionally: more than one tenth of the time
Often: more than one quarter of the time
Very Often: more than one half of the time
A20. In the last year, when you had this discomfort or pain, did it last for more than 20 minutes?

Not at All or Rarely .......................................................... ❑
Occasionally ................................................................. ❑
Often ................................................................. ❑
Very Often ............................................................... ❑
Almost Always ....................................................... ❑

A21. If you have discomfort or pain in the upper belly or abdomen (the areas marked A or B on Diagram 1) is it relieved by having a bowel movement (passing stool)?

Yes ................................................................. ❑
Not at All or Rarely .......................................................... ❑
I do not have this pain .................................................. ❑

A21.1. When you had this discomfort or pain in the upper belly or abdomen did you have more bowel movements (stools)?

Yes ................................................................. ❑
Not at All or Rarely .......................................................... ❑

A21.2. When you had this discomfort or pain in the upper belly or abdomen did you have fewer bowel movements (stools)?

Yes ................................................................. ❑
Not at All or Rarely .......................................................... ❑

A21.3. When you had this discomfort or pain in the upper belly or abdomen did you have harder bowel movements (stools)?

Yes ................................................................. ❑
Not at All or Rarely .......................................................... ❑

Occasionally: more than one tenth of the time
Often: more than one quarter of the time
Very Often: more than one half of the time
A21.4. When you had this discomfort or pain in the upper belly or abdomen did you have looser bowel movements (stools)?

Yes ................................................................. □
Not at All or Rarely ........................................... □

A22. In the last year, when you had discomfort or pain, was it usually in a single small area that you could point to with one or two fingers? (the area marked E on Diagram 2 above).

Yes ................................................................. □
No ................................................................. □

A23. In the last year, when you had this discomfort or pain was it steady and constant (it did not come and go in waves)?

Yes ................................................................. □
No ................................................................. □

Occasionally: more than one tenth of the time
Often: more than one quarter of the time
Very Often: more than one half of the time
A24. In the last year, have you been affected by episodes of steady severe pain (in the center of your upper belly or abdomen or in your right upper belly or abdomen) that lasted for 30 minutes or more?

- Not at All .......................................................... ❑
- 1 or 2 episodes of this pain .............................. ❑
- More than 2 episodes of this pain ...................... ❑

A25. Have you ever had an operation where your Gall Bladder was removed?

- Yes .......................................................... ❑
- No .......................................................... ❑

Please check that you have answered all of the appropriate Questions in Section A. Please begin Section B.
**Rome II Integrative Questionnaire**

**Section B**
We would like to ask you some questions about other belly or abdomen problems you may have had in the last year.

**B1. In the last year, did you feel uncomfortably full soon after starting to eat so that you could not finish your normal meal?**

<table>
<thead>
<tr>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at All or Rarely</td>
</tr>
<tr>
<td>Occasionally</td>
</tr>
<tr>
<td>Often</td>
</tr>
<tr>
<td>Very Often</td>
</tr>
<tr>
<td>Almost Always</td>
</tr>
</tbody>
</table>

**B2. In the last year, after having normal meals, did you get an unpleasant feeling of food staying in your belly or abdomen?**

<table>
<thead>
<tr>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at All or Rarely</td>
</tr>
<tr>
<td>Occasionally</td>
</tr>
<tr>
<td>Often</td>
</tr>
<tr>
<td>Very Often</td>
</tr>
<tr>
<td>Almost Always</td>
</tr>
</tbody>
</table>

**B3. In the last year, did you feel nauseated (wanting to vomit, but didn’t)?**

<table>
<thead>
<tr>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at All or Rarely</td>
</tr>
<tr>
<td>Occasionally</td>
</tr>
<tr>
<td>Often</td>
</tr>
<tr>
<td>Very Often</td>
</tr>
<tr>
<td>Almost Always</td>
</tr>
</tbody>
</table>

*Occasionally:* more than one tenth of the time  
*Often:* more than one quarter of the time  
*Very Often:* more than one half of the time
B4. In the last year, have you had vomiting that was not self-induced or caused by a drug or medication?

- Not at All or Rarely
- Occasionally
- Often
- Very Often
- Almost Always

B5. In the last year, did you vomit on at least three separate days in a week over a three month period?

- Not at All or Rarely
- Occasionally
- Often
- Very Often
- Almost Always

B6. In the last year, did you have retching (heaving as if to vomit, but not vomiting)?

- Not at All or Rarely
- Occasionally
- Often
- Very Often
- Almost Always

B7. In the last year, have you had the feeling of abdominal fullness or bloating or swelling?

- Not at All or Rarely
- Occasionally
- Often
- Very Often
- Almost Always

*Occasionally:* more than one tenth of the time  
*Often:* more than one quarter of the time  
*Very Often:* more than one half of the time
**B8.** In the last year, have you seen your belly or abdomen swell up?

- Not at All or Rarely ................................................................. □
- Occasionally ........................................................................... □
- Often ....................................................................................... □
- Very Often ............................................................................... □
- Almost Always ........................................................................ □

**B9.** In the last year, what has been your *most troublesome* upper belly or abdomen symptom (areas marked A or B on Diagram 1 on page 692). (Choose only one answer).

- a. Belly or abdomen pain. ..................................................... □
- b. Belly or abdomen burning ................................................. □
- c. Belly or abdomen discomfort (*not* pain) ......................... □
- d. Bloating. ............................................................................. □
- e. Nausea ............................................................................... □
- f. Food staying in belly or abdomen. ..................................... □
- g. Fullness ............................................................................. □
- h. Uncomfortably full soon after starting to eat ..................... □
- i. I have no upper belly or abdomen symptoms .................. □

Please check that you have answered all of the appropriate Questions in Section B. Please begin Section C.

*Occasionally:* more than one tenth of the time  
*Often:* more than one quarter of the time  
*Very Often:* more than one half of the time
Section C
We would like to ask you some questions about some other health problems you may have had in the last year.

C1. In the last year, have you been troubled by repeated burping or belching?
- Not at All or Rarely
- Occasionally
- Often
- Very Often
- Almost Always

C2. In the last year, have you swallowed excess air?
- Not at All or Rarely
- Occasionally
- Often
- Very Often
- Almost Always

C3. In the last year, have you had the feeling of a lump in your throat when you were not swallowing?
- Not at All or Rarely
- Occasionally
- Often
- Very Often
- Almost Always
C4. In the last year, have you had difficulty swallowing solids or liquids (food or drinks sticking or passing down abnormally)?

Not at All or Rarely ................................................................. ❐
Occasionally ................................................................. ❐
Often ................................................................. ❐
Very Often ................................................................. ❐
Almost Always ................................................................. ❐

C5. In the last year, have you had to bring up food, chew it again, and either spit it out or swallow it again?

Not at All or Rarely ................................................................. ❐
Occasionally ................................................................. ❐
Often ................................................................. ❐
Very Often ................................................................. ❐
Almost Always ................................................................. ❐

If you answered Not at All or Rarely to Question C5 please go on to Question C6.

C5.1. Did this happen at times when you felt nauseated or had been vomiting?

Yes ................................................................. ❐
No ................................................................. ❐

C5.2. Did you stop this when the food you brought up tasted acidic or sour?

Yes ................................................................. ❐
No ................................................................. ❐
C6. In the last year, have you had heartburn, by that we mean a burning pain or discomfort behind the breastbone rising up towards the throat? (Do not count if the pain was from angina or heart trouble)

Not at All or Rarely ................................................................. ❌
Occasionally ........................................................................ ❌
Often .................................................................................. ❌
Very Often ............................................................................ ❌
Almost Always ................................................................. ❌

C7. In the last year, have you had pain or discomfort in the center of your chest?

Not at All or Rarely ................................................................. ❌
Occasionally ........................................................................ ❌
Often .................................................................................. ❌
Very Often ............................................................................ ❌
Almost Always ................................................................. ❌

Please check that you have answered all of the appropriate Questions in Section C. Please begin Section D.

Occasionally: more than one tenth of the time  
Very Often: more than one half of the time  
Often: more than one quarter of the time
Section D

We would like to ask you some questions about any bowel problems you may have had in the last year.

D1. In the last year have you been troubled by any bowel problems?

- Not at All or Rarely
- Occasionally
- Often
- Very Often
- Almost Always

D2. In the last three months have you been troubled by any bowel problems?

- Not at All or Rarely
- Occasionally
- Often
- Very Often
- Almost Always

D3. In the last year, have you had more than 3 bowel movements each day?

- Not at All or Rarely
- Occasionally
- Often
- Very Often
- Almost Always

Occasionally: more than one tenth of the time
Often: more than one quarter of the time
Very Often: more than one half of the time
D4. In the last year, have you had fewer than 3 bowel movements each week?

Not at All or Rarely ................................................................. ❏
Occasionally ................................................................. ❏
Often ................................................................. ❏
Very Often ................................................................. ❏
Almost Always ................................................................. ❏

D5. In the last year, have you had lumpy or hard bowel movements (stools)?

Not at All or Rarely ................................................................. ❏
Occasionally ................................................................. ❏
Often ................................................................. ❏
Very Often ................................................................. ❏
Almost Always ................................................................. ❏

D6. In the last year, have you had loose, mushy or watery bowel movements (stools)?

Not at All or Rarely ................................................................. ❏
Occasionally ................................................................. ❏
Often ................................................................. ❏
Very Often ................................................................. ❏
Almost Always ................................................................. ❏

D7. In the last year, have you found that after finishing a bowel movement you felt that there was still stool which needed to be passed?

Not at All or Rarely ................................................................. ❏
Occasionally ................................................................. ❏
Often ................................................................. ❏
Very Often ................................................................. ❏
Almost Always ................................................................. ❏

Occasionally: more than one tenth of the time  
Often: more than one quarter of the time  
Very Often: more than one half of the time
**D8.** In the last year, have you needed to strain a lot to have a bowel movement?

- Not at All or Rarely
- Occasionally
- Often
- Very Often
- Almost Always

**D9.** In the last year, have you experienced an urgent need to have a bowel movement that made you rush to a toilet?

- Not at All or Rarely
- Occasionally
- Often
- Very Often
- Almost Always

**D10.** In the last year, have you noticed mucus (white slimy material) in your stools?

- Not at All or Rarely
- Occasionally
- Often
- Very Often
- Almost Always

**D11.** In the last year, have you had the sensation that your anus (back passage) was blocked when having a bowel movement?

- Not at All or Rarely
- Occasionally
- Often
- Very Often
- Almost Always

*Occasionally: more than one tenth of the time  
Often: more than one quarter of the time  
Very Often: more than one half of the time*
D12. In the last year, have you needed to press your finger in or around the anus (back passage) or vagina (front passage) to help the bowel movement come out?

Not at All or Rarely  ❏
Occasionally  ❏
Often  ❏
Very Often  ❏
Almost Always  ❏

D13. In the last year, have you had continual or recurring aching pain or pressure in the anus or rectal area?

Not at All or Rarely  ❏
Occasionally  ❏
Often  ❏
Very Often  ❏
Almost Always  ❏

If you answered Not at All or Rarely to Question D13 please go on to Question D16.

D14. When you had this continual or recurring aching pain or pressure in the anus or rectal area, did it usually: (Choose only one answer)

Last from seconds to minutes and disappear completely. ❏
Last for 20 minutes or longer  ❏

D15. Were there periods of at least two weeks between episodes of pain or pressure in the anus or rectal area?

Yes  ❏
No  ❏

Occasionally: more than one tenth of the time  Often: more than one quarter of the time
Very Often: more than one half of the time
D16. In the last year, when you had constipation or diarrhea, have you leaked or passed bowel movements (stools) or soiled yourself when you did not want to?

- Never.................................................................
- One occasion in any one month...........................
- Two occasions in any one month.........................
- More than two occasions in any one month............

D17. Did this (passing bowel movements when you did not want to) happen mostly when you felt constipated?

- Yes ........................................................................
- No .......................................................................  

D18. Did this (passing bowel movements when you did not want to) happen mostly when you had diarrhea?

- Yes ........................................................................
- No ....................................................................... 

Please check that you have answered all of the appropriate Questions in Section D.

THANK YOU.
The coding assumes organic disease has been excluded by appropriate testing.

**A. Esophageal Disorders**

A1. Globus QC3 = often or very often or almost always, QC4 = not at all, QC6 = no

A2. Rumination Syndrome QC5 = often or very often or almost always, QC5.1 = no, QC5.2 = yes

A3. Functional Chest Pain of presumed esophageal origin QC7 = often or very often or almost always, QC6 = not at all, QC4 = not at all

A4. Functional Heartburn* QC6 = often or very often or almost always, QC4 = not at all

A5. Functional Dysphagia† QC4 = often or very often or almost always, QC6 = not at all

**B. Gastroduodenal Disorders**

B1. Functional Dyspepsia†† QA1 = often or very often or almost always + QA6 = A and/or B, QA21 = Not at all or rarely, I do not have this pain, QA21.1 = Not at all or rarely, QA21.2 = Not at all or rarely, QA21.3 = Not at all or rarely, QA21.4 = Not at all or rarely

B1a. Ulcer-like dyspepsia Functional Dyspepsia + QB9a or QB9b = yes

B1b. Dysmotility-like dyspepsia Functional Dyspepsia + QB9c or QB9d or QB9e or QB9f or QB9g or QB9h = yes

*Gastroesophageal reflux must be excluded.

†Note, functional heartburn and functional dysphagia are mutually exclusive in the suggested algorithms. It is important to note that if both are present, neither will show up in the data.

††Some of the editors prefer that 2 or more of [QA21 = Yes], or [QA21.1 = Yes, QA21.2 = Yes], or [QA21.3 = Yes, or QA21.4 = Yes] are needed to exclude these upper abdominal symptoms from the category of Functional Dyspepsia.
B2. Aerophagia
QC1 = often or very often or almost always
and QC2 = often or very often or almost always

B3. Functional Vomiting
QB4 = often or very often or almost always,
QB5 = often or very often or almost always,
QC5 = not at all

C. Bowel Disorders
C1. Irritable Bowel Syndrome
QA1 = often or very often or almost always + 2 or more of
• [QA10 = often or very often or almost always] and/or
  • [QA11 = often or very often or almost always;
    or QA12 = often or very often or almost always]
  • [QA13 = often or very often or almost always or QA14 =
    often or very often or almost always].

Diarrhea
Predominant IBS
IBS + [one or more of
  QD3 = often or very often or almost always,
  QD6 = often or very often or almost always,
  QD9 = often or very often or almost always
  + none of
    QD4 = often or very often or almost always,
    QD5 = often or very often or almost always,
    QD8 = often or very often or almost always]
  or [two or more of
    QD3 = often or very often or almost always,
    QD6 = often or very often or almost always,
    QD9 = often or very often or almost always
  + one of
    QD4 = often or very often or almost always,
    QD8 = often or very often or almost always] and QD5 = not at all
### Codes for Rome II Integrative Questionnaire (cont’d)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constipation Predominant IBS</td>
<td>IBS + [one or more of QD4 = often or very often or almost always, QD5 = often or very often or almost always, QD8 = often or very often or almost always + none of QD3 = often or very often or almost always, QD6 = often or very often or almost always, QD9 = often or very often or almost always] or [two or more of QD4 = often or very often or almost always, QD5 = often or very often or almost always, QD8 = often or very often or almost always + not more than one of QD3 = often or very often or almost always, QD6 = often or very often or almost always, QD9 = often or very often or almost always]</td>
</tr>
<tr>
<td>C2. Functional Abdominal Bloating</td>
<td>QB7 = often or very often or almost always, excluding IBS and Functional Dyspepsia.</td>
</tr>
<tr>
<td>C3. Functional Constipation</td>
<td>Two or more of QD4 = often or very often or almost always, QD5 = often or very often or almost always, QD7 = often or very often or almost always, QD8 = often or very often or almost always, QD11 = often or very often or almost always, QD12 = often or very often or almost always + QD6 = not at all, excluding IBS.</td>
</tr>
<tr>
<td>C4. Functional Diarrhea</td>
<td>QD6 = almost always + QA1 = not at all</td>
</tr>
<tr>
<td>C5. Unspecified Functional Bowel Disorder</td>
<td>Bowel symptoms, but not sufficient to diagnose any other functional bowel disorder.</td>
</tr>
<tr>
<td><strong>D. Functional Abdominal Pain</strong></td>
<td></td>
</tr>
<tr>
<td>D1. Functional Abdominal Pain Syndrome</td>
<td>QA1 = almost always + QA4 = yes + QA9 = moderate or severe, excluding IBS and Functional Dyspepsia, QA8 = often or very often or almost always</td>
</tr>
<tr>
<td>D2. Unspecified Functional Abdominal Pain</td>
<td>QA1 = almost always, and failure to meet any of the other criteria for Functional Abdominal Pain Syndrome</td>
</tr>
</tbody>
</table>
E. Biliary Pain

E1. Gallbladder Dysfunction

QA24 = [(1 or 2 episodes of pain) or (more than 2 episodes of pain)],
QA25 = no,
QA8 = often or very often or almost always,
QA21 = no, QA21.1 = no, QA21.2 = no,
QA21.3 = no, QA21.4 = no, QC6 = no,
QB9b = no, QB9c = no, QB9d = no,
QB9e = no, QB9f = no, QB9g = no,
QB9h = no.

E2. Sphincter of Oddi Dysfunction

QA24 = [(1 or 2 episodes of pain) or (more than 2 episodes of pain)],
QA25 = yes,
QA8 = often or very often or almost always,
QA21 = no, QA21.1 = no, QA21.2 = no,
QA21.3 = no, QA21.4 = no, QC6 = no,
QB9b = no, QB9c = no, QB9d = no,
QB9e = no, QB9f = no, QB9g = no,
QB9h = no.

F. Anorectal Disorders

F1. Functional Incontinence

QD16 = yes (1 or more occasion)
+ either QD17 or QD18 = yes

F2. Functional Anorectal Pain

F2a. Levator Ani Syndrome

QD13 = often or very often or almost always
+ QD14 = lasts for 20 minutes or longer

F2b. Proctalgia Fugax

QD13 = often or very often or almost always
+ QD14 = lasts from seconds to minutes
+ QD15 = yes

F3. Pelvic Floor Dyssynergia

Functional constipation
+ QD7 = often or very often or almost always
+ QD8 ≥ often
+ QD11 ≥ often