

Quality of Life Scale for Constipation Patients (PAC-QOL)

PAC-QOL reflects the impact of constipation on your daily life over the past two weeks. Choose an answer for each question.

The following questions are related to symptoms of constipation. The severity or intensity of the following symptoms in the past two weeks...	Not at all	A little bit	General	More serious	Very serious
	0	1	2	3	4
1. Feeling bloated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feel heavy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions about constipation and daily life. How much time in the past two weeks...	No time	Occasionally	Sometimes	Most time	Always
	0	1	2	3	4
3. Feeling unwell?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feel the urge to defecate but have difficulty doing so?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Feeling uncomfortable in the company of others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Eating less and less because of constipation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions about constipation and daily life, the severity and intensity of the following questions in the past two weeks...	Not at all	A little bit	General	More serious	Very serious
	0	1	2	3	4
7. Must be concerned about what to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Loss of appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Worry about not being able to choose food at will (such as at a friend's house)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

's house)					
10. Feeling uncomfortable for spending too much time in the bathroom when you're out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Feeling uncomfortable going to the bathroom frequently while on the go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Always worried about changing living habits (such as traveling, going out, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following question is related to the feeling of constipation. The time and frequency of the following symptoms occurring in the past two weeks...	No time	Occasionally	Sometimes	Most time	Always
	0	1	2	3	4
13. Feeling irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Feeling uneasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Always troubled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Feeling nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Feeling lacking in confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Feeling out of control of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are related to the feeling of constipation. The severity	Not at all	A little bit	General	Rather serious	Very serious
	0	1	2	3	4

and intensity of the following problems over the past two weeks...					
19. Worrying about not knowing when to defecate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Worry about not being able to defecate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. To be affected by not defecating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions about constipation and daily life. The time and frequency of the following symptoms over the past two weeks...	No time	Occasionally	Sometimes	Most time	Always
	0	1	2	3	4
22. Worrying that things are getting worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Feeling that the body is not functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Defecate less frequently than expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following question is about satisfaction. The severity and intensity of the following questions over the past two weeks...	Satisfied	Relatively satisfied	Generally	A little dissatisfied	Very dissatisfied
	0	1	2	3	4
25. Are you satisfied with the number of bowel movements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Are you satisfied with regular bowel movements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Are you satisfied with the time it takes for things to pass through your gut?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Are you satisfied with your previous treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PAC-QoL is a self-reported questionnaire used to measure a patient's quality of life. The verified PAC-QoL consists of 28 items and is divided into four subscales: physical discomfort, psychosocial discomfort, worry and concern, and satisfaction. The first three subscales are used to assess the patient's dissatisfaction index, with total scores ranging from 0 to 96(the lower the score, the better the quality of life). The satisfaction subscale consists of four items, with overall scores ranging from 0 to 16, so each patient's self-reported final outcome is defined as poor (0-4), fairly good (5-8), good (9-12), or excellent (13-16).