Note: It is recommended that this Data Set have two additional key variables:

- SITE (to distinguish the location where the data are recorded) andSUBJECT (to distinguish the patient/study participant)

INTERNATIONAL SPINAL CORD INJURY BOWEL FUNCTION BASIC DATA SET (Version 2.0)

DATA COLLECTION FORM

	Date performed: Y	YYMMDD	□ Unknown	BFXNDT		
	Gastrointestinal or a	nal sphincte	r dysfunction	unrelated to	the spinal	
	cord lesion:			amoiatoa to		
	□ No □ Yes, spe	ecifyGIFX	NSP	□ Unknov	wn GIFXNUN	
	·	-		_		
	Surgical procedures	_			APNDEC APN	DECDT
		-	e performed Y		СНСЧЕС СНС	YECDT
	-	-	te performed \			
		-	performed YY	0.011.155	DLOST COLOST	DT
			performed YYY		EOST ILEOSTI	TC
				c enema), date		
[•	d YYYYMMDI specify:	GISURGSP		APNDICDT	CICIDODT
L	YYYYMM			, uale	last performed	GISUKGDI
	□ Unknown					
	- Officiowii					
	Defecation method a	and bowel ca	re procedure	s (within the I	ast four	
	weeks):					
		DEFMTH	Main	Supplementar	y DEFMTHS1	
	Normal defecation					
	Straining / bearing do				DEFMTHS2	
	Digital ano-rectal stim	ulation			DEFMTHS3	
	Suppositories					
	Digital evacuation					
	Mini enema (Clysma:	≤ 150 mL)				
	Enema (>150 mL)					
	Colostomy					
	Sacral anterior root st				OTHDEFS1	
OTHDEFM	Other method, specify	<u></u>				
	□ Unknown				OTHDEFS2	
	□ Not applicable				OTHDEFS3	
	Average time require	nd for defect	tion (within t	ho last four w	ooks):*	
	□ 0-30 minutes (0) □				ccks).	
	☐ More than 60 minute		S (3) AVDEFT	171		
	☐ Unknown	GG (/)				
	I I II IN I II IVVIII					
	□ Not applicable					

Frequency of defecation (within the last four weeks):*
□ Daily (0) □ 2-6 times per week (1) DEFFRO
□ Once every week or less (6)
□ Unknown
Uneasiness, headache or perspiration during defecation (within the last
four weeks):* DEFHDPRS
\square No $_{(0)}$ \square Yes $_{(2)}$
□ Unknown
Blattel after lafter an exercise of the energy to the last form
Digital stimulation or evacuation of the anorectum (within the last four
weeks):* DSEVACAR
□ Daily (6) □ Once or more per week (6) □ Less than once per week (0)
□ Never (0)
□ Unknown
Frequency of fecal incontinence (within the last four weeks):*
□ Daily (12) □ 1-6 times per week (7)
□ 1-4 times every month (6)
□ Less than once per month (0) □ Never (0)
• (-)
Unknown
□ Not applicable
Flatus incontinence (within the last four weeks):* FLINCONT
□ No (0) □ Yes (2)
□ Unknown
□ Not applicable
Need to wear diaper, pad or plug (within the last four weeks):
□ No □ Yes WRPADPLG
□ Unknown
- Onknown
Oral laxatives (within the last four weeks):*
, and the same of
□ No (0) □ Yes, drops or liquids (2) □ ORLAXDRP
OSMODRP → Bulking/Osmotic □ Irritant IRRTDRP
☐ Yes tablets, capsules or granulates (2) ORLAXTAB
OSMOTAB → Bulking/Osmotic □ Irritant IRRTTAB
Prokinetics/chloride channel activators
PROKINET Other, specify:
□ Unknown OTHORLAX ORLAXSP
OTHORLAX
Constipating agents/ drugs against fecal incontinence (within the last
four weeks):*
- 100 (d)
□ Unknown
Deviand making faithin the last formula 1 2 4
Perianal problems (within the last four weeks):* □ No (0) □ Yes (3)

INTERNATIONAL SPINAL CORD INJURY BOWEL FUNCTION BASIC DATA SET (Version 2.0) 2016.03.29

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(Interpretation of the NBD score: 0-6 Very minor; 7-9 Minor; 10-13 Moderate; and 14 or more Severe neurogenic bowel dysfunction).

NBDSCORE

Proposed 8 Ch	naracter Varia	ables:					
Data Element	Site	Subject	Date performed	Gastrointestinal or anal sphincter dysfunction unrelated to SCI	Specify gastrointestinal or anal sphincter dysfunction unrelated to SCI	Appendectomy performed?	Date appendectomy performed
Format/			99999999 =				
Codes			Unknown	No; Yes; Unknown	Free text	No; Yes; Unknown	99999999 = Unknown
8 Character							
Variable	SITE	SUBJECT	BFXNDT	GIFXNUN	GIFXNSP	APNDEC	APNDECDT
Comments/S							
uggested							
Revisions							

Surgical procedures on the gastrointestinal tract								
Cholecystectomy performed?	Date cholecystectomy performed	Colostomy performed?	Date colostomy performed	Ileostomy performed?	Date ileostomy performed	Appendicostomy performed?	Date appendicostomy performed	
periorimed.	perrormed	periorimea.	periorinea	periorimea.	perrorimed	periorimea.	periorimed	
No; Yes; Unknown		No; Yes; Unknown	99999999 = Unknown	No; Yes; Unknown	99999999 = Unknown	No; Yes; Unknown	99999999 = Unknown	
CHCYEC	CHCYECDT	COLOST	COLOSTDT	ILEOST	ILEOSTDT	APNDIC	APNDICDT	

			Defecation method and bowel care proc					
Other GI tract surgical procedure performed?	Specify other GI tract surgical procedure performed	Date other GI tract surgical procedure performed	Main defecation method and bowel care procedures	Supplementary defecation method and bowel care procedures #1	Supplementary defecation method and bowel care procedures #2	Supplementary defecation method and bowel care procedures #3	Specify other main defecation method and bowel care procedures	
No; Yes; Unknown	Free text	99999999 = Unknown	stimulation; Suppositories; Digital evacuation; Mini	Straining / bearing down to empty; Digital ano-rectal stimulation; Suppositories; Digital evacuation; Mini	Straining / bearing down to empty; Digital ano-rectal stimulation; Suppositories; Digital evacuation; Mini	Normal defecation; Straining / bearing down to empty; Digital ano-rectal stimulation; Suppositories; Digital evacuation; Mini enema (Clysma, ≤ 150 mL); Enema (>150 mL); Colostomy; Sacral anterior root stimulation; Other method; Unknown	Free text	
OTGISURG	GISURGSP	GISURGDT	DEFMTHM	DEFMTHS1	DEFMTHS2	DEFMTHS3	OTHDEFM	

Specify other supplementary defecation method and bowel care procedures #1 procedures #2 procedures #3 defecation method and bowel care procedures #3 defecation method and bowel care procedures #3 defecation method and bowel care procedures #3 defecation defecatio	ures						
minutes;More than 60 Daily; 2-6 times per week; Daily; Once or more per minutes;Unknown;No Once every week or less; Week; Less than once per t applicable Unknown No; Yes; Unknown week; Never; Unknown	Specify other supplementary defecation method and bowel care	supplementary defecation method and bowel care	supplementary defecation method and bowel care	required for		or perspiration during	evacuation of the
OTUDEFCA OTUDEFCA OTUDEFCA AVDEFTAA DEFENO	Free text	Free text		minutes;More than 60 minutes;Unknown;No	Once every week or less;	No; Yes; Unknown	week; Less than once per
OTHDEFS2 OTHDEFS3 AVDEFTM DEFFRQ DEFHDPRS DSEVACAR	OTHDEFS1	OTHDEFS2	OTHDEFS3	AVDEFTM	DEFFRQ	DEFHDPRS	DSEVACAR

			Oral laxatives						
Frequency of fecal incontinence	Flatus incontinence	Need to wear diaper, pad or plug	Oral laxatives drops or liquids	Oral laxatives drops or liquids - bulking/osm otic	Oral laxatives drops or liquids - irritant	Oral laxatives tablets, capsules or granulates	Oral laxatives tablets, capsules or granulates - bulking/osm otic	Oral laxatives tablets, capsules or	Oral laxatives tablets, capsules or granulates - prokinetics/ chloride channel activators
Daily; 1-6 times per week; 1-4 times every month; Less than once per month; Never; Unknown; Not applicable	No; Yes; Unknown; Not applicable FLINCONT	No; Yes; Unknown WRPADPLG			No; Yes; Unknown IRRTDRP	No; Yes; Unknown		No; Yes; Unknown IRRTTAB	No; Yes; Unknown PROKINET

			Perianal problems				•		
Other oral laxative	Specify other oral laxative	Constipating agents/drugs against fecal incontinence	Perianal problems - Hemorrhoids	Perianal problems - Perianal sores	Perianal problems - Fissures	Perianal problems - Other	Specify other perianal problems	Abdominal pain or discomfort	Total NBD score
No;Yes;Unkno wn	Free text ORLAXSP	No; Yes; Unknown FECINMED		No; Yes; Unknown PANLSORE	No; Yes; Unknown FISSURES	No; Yes PANLOTH	Free text PANLPRSP	Daily; 1-6 times per week; Once per week or less; Never; Unknown ABPAIN	Free-text NBDSCORE
	-								