

Note: It is recommended that this Data Set have two additional key variables:
 - SITE (to distinguish the location where the data are recorded) and
 - SUBJECT (to distinguish the patient/study participant)

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

DATA COLLECTION FORM

Date performed: YYYYMMDD Unknown **BFXNDT**

Gastrointestinal or anal sphincter dysfunction unrelated to the spinal cord lesion:

No Yes, specify **GIFXNSP** Unknown **GIFXNUN**

Surgical procedures on the gastrointestinal tract:

No Appendectomy, date performed YYYYMMDD **APNDEC** **APNDECDT**
 Cholecystectomy, date performed YYYYMMDD **CHCYEC** **CHCYECDT**
 Colostomy, date last performed YYYYMMDD **COLOST** **COLOSTDT**
 Ileostomy, date last performed YYYYMMDD **ILEOST** **ILEOSTDT**
 Appendicostomy (antegrade colonic enema), date last performed YYYYMMDD **APNDIC** **APNDICDT**
OTGISURG Other, specify: **GISURGSP**, date last performed **GISURGDT** YYYYMMDD
 Unknown

Defecation method and bowel care procedures (within the last four weeks):

	DEFMTHM	Main	Supplementary	DEFMTHS1
Normal defecation		<input type="checkbox"/>	<input type="checkbox"/>	
Straining / bearing down to empty		<input type="checkbox"/>	<input type="checkbox"/>	DEFMTHS2
Digital ano-rectal stimulation		<input type="checkbox"/>	<input type="checkbox"/>	DEFMTHS3
Suppositories		<input type="checkbox"/>	<input type="checkbox"/>	
Digital evacuation		<input type="checkbox"/>	<input type="checkbox"/>	
Mini enema (Clysmas ≤ 150 mL)		<input type="checkbox"/>	<input type="checkbox"/>	
Enema (>150 mL)		<input type="checkbox"/>	<input type="checkbox"/>	
Colostomy		<input type="checkbox"/>	<input type="checkbox"/>	
Sacral anterior root stimulation		<input type="checkbox"/>	<input type="checkbox"/>	OTHDEFS1
OTHDEFM Other method, specify _____		<input type="checkbox"/>	<input type="checkbox"/>	OTHDEFS2
<input type="checkbox"/> Unknown				OTHDEFS3
<input type="checkbox"/> Not applicable				

Average time required for defecation (within the last four weeks):*

0-30 minutes ⁽⁰⁾ 31-60 minutes ⁽³⁾ **AVDEFTM**
 More than 60 minutes ⁽⁷⁾
 Unknown
 Not applicable

Frequency of defecation (within the last four weeks):*

- Daily (0) 2-6 times per week (1) Once every week or less (6) Unknown

DEFFRQ

Uneasiness, headache or perspiration during defecation (within the last four weeks):*

- No (0) Yes (2) Unknown

DEFHDPRS

Digital stimulation or evacuation of the anorectum (within the last four weeks):*

- Daily (6) Once or more per week (6) Less than once per week (0) Never (0) Unknown

DSEVACAR

Frequency of fecal incontinence (within the last four weeks):*

- Daily (13) 1-6 times per week (7) 1-4 times every month (6) Less than once per month (0) Never (0) Unknown Not applicable

FCINCFRQ

Flatus incontinence (within the last four weeks):*

- No (0) Yes (2) Unknown Not applicable

FLINCONT

Need to wear diaper, pad or plug (within the last four weeks):

- No Yes Unknown

WRPADPLG

Oral laxatives (within the last four weeks):*

- No (0) Yes, drops or liquids (2) Bulking/Osmotic Irritant Yes tablets, capsules or granulates (2) Bulking/Osmotic Irritant Prokinetics/chloride channel activators Other, specify: _____
- Unknown

ORLAXDRP

OSMODRP

IRRDRP

OSMOTAB

ORLAXTAB

PROKINET

IRRTTAB

OTHORLAX

ORLAXSP

Constipating agents/ drugs against fecal incontinence (within the last four weeks):*

- No (0) Yes (4) Unknown

FECINMED

Perianal problems (within the last four weeks):*

- No (0) Yes (3)

PANLSORE**HEMRHOD** Hemorrhoids Perianal sores Fissures**FISSURES****PANLPRSP** Other, specify _____ Unknown**PANLOTH****Abdominal pain or discomfort (within the last four weeks):**

- Daily 1-6 times per week
 Once per week or less Never
 Unknown

ABPAIN**Total NBD Score (optional and only applicable for adult persons):***

(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 Character Variables:

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/ Codes			99999999 = Unknown	No; Yes; Unknown	Free text	No; Yes; Unknown	99999999 = Unknown
8 Character Variable	SITE	SUBJECT	BFXNDT	GIFXNUN	GIFXNSP	APNDEC	APNDECDT
Comments/ Suggested Revisions							

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Specify other supplementary defecation method and bowel care procedures #1	Specify other supplementary defecation method and bowel care procedures #2	Specify other supplementary defecation method and bowel care procedures #3	Average time required for defecation	Frequency of defecation	Uneasiness, headache or perspiration during defecation	Digital stimulation or evacuation of the anorectum
Free text	Free text	Free text	0-30 minutes;31-60 minutes;More than 60 minutes;Unknown;Not applicable	Daily; 2-6 times per week; Once every week or less; Unknown	No; Yes; Unknown	Daily; Once or more per week; Less than once per week; Never; Unknown
OTHDEFS1	OTHDEFS2	OTHDEFS3	AVDEFTM	DEFFRQ	DEFHDPRS	DSEVACAR

