_			
Date:			

Neurogenic Bowel Dysfunction score¹ - NBD score

Ge	eneral satisfaction Severity of bowel dys	function
Tot	tal score (between 0 and 47)	
10	Do you have peri-anal skin problems? Yes (score 3) No (score 0)	
9.	Do you experience uncontrollable flatus? O Yes (score 2) No (score 0)	
8.	Do you take medication to treat faecal incontinence? O Yes (score 4) No (score 0)	
7.	How often do you have involuntary defaecation? O Daily (score 13) O 1-6 times a week (score 7) O 3-4 times a month (score 6) O A few times a year or less (score 0)	
6.	How often do you use digital evacuation? Our Less than once per week (score 0) Our or more per week (score 6)	
5.	Do you take medication (drops or liquid) to treat constipation? O Yes (score 2) No (score 0)	
4.	Do you take medication (tablets) to treat constipation? O Yes (score 2) No (score 0)	
3.	Do you experience uneasiness, sweating or headaches during or after defaecation? O Yes (score 2) No (score 0)	
2.	How much time do you spend on each defaecation? O Less than 30 min. (score 0) O 31-60 min. (score 3) O More than an hour (score 7)	
1.	How often do you defaecate? O Daily (score 0) O 2-6 times per week (score 1) O Less than once per week (score 6)	

Please mark the scale with a cross (x) to represent your general satisfaction with your bowel management. (Total dissatisfaction = 0 / Perfect satisfaction = 10)

00 01 02 03 04 05 06 07 08 09 010

Coloplast

Moderate

Severe

Score 0–6: Very minor Score 7–9: Minor

Score 10-13:

Score 14+: