Supplementary material for Muls AC. Gastrointestinal consequences of cancer treatment and the wider context: A bad gut feeling. Acta Oncol 2014;53:297–306.

Patient identifier: _____

Date: _____

1. Please rate your symptoms during the last month by placing a tick in the box that best describes each symptom

	Never	Occasional	Frequently affecting your life	Causes major changes in your life
Pain in your belly	☐	☐	☐	☐
Pain around your bottom	☐	☐	☐	☐
Abdominal bloating/distension	☐	☐	☐	☐
Increased flatulence/wind	☐	☐	☐	☐
Belching or burping	☐	☐	☐	☐
Stomach/abdominal gurgling	☐	☐	☐	☐
Heartburn or acid regurgitation	☐	☐	☐	☐
Reduce appetite	☐	☐	☐	☐
Nausea/feeling sick	☐	☐	☐	☐
Vomiting/being sick	☐	☐	☐	☐
Urgency to open bowels	☐	☐	☐	☐
Feeling that you have not emptied your bowel properly	☐	☐	☐	☐
Leakage/soiling or lack of control of the bowel	☐	☐	☐	☐
Mucus in the stool	☐	☐	☐	☐
Greasy or oily stool	☐	☐	☐	☐
Bleeding from your bottom	☐	☐	☐	☐
Itchiness around the bottom	☐	☐	☐	☐
Woken from sleep to have bowels open	☐	☐	☐	☐
Tiredness/lethargy	☐	☐	☐	☐
Problems with passing/controlling urine	☐	☐	☐	☐
Sexual concerns	☐	☐	☐	☐

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2. Please indicate how you would score your quality of life at present on the scale below **3. How much do you think your bowel symptoms affect your quality of life?** **4. Currently, how often do you open your bowels? (please tick as many boxes as required)**

	On the Best Day	On the Worst Day
Less than once a week	☐	☐
Once every 4–7 days	☐	☐
Once every 2–4 days	☐	☐
Once a day	☐	☐
2-3 times a day	☐	☐
4-6 times a day	☐	☐
7 or more times a day	☐	☐

5. Please tick the box(es) which best describe(s) the stool you pass:

Bristol Stool Chart		
Type 1	Separate hard lumps, like nuts (hard to pass)	☐
Type 2	Sausage-shaped but lumpy	☐
Type 3	Like a sausage but with cracks on its surface	☐
Type 4	Like a sausage or snake, smooth and soft	☐
Type 5	Soft blobs with clear-cut edges (passed easily)	☐
Type 6	Fluffy pieces with ragged edges, a mushy stool	☐
Type 7	Watery, no solid pieces. Entirely Liquid	☐