PR Bleeding

Patient Questionnaire

Affix Patient Label Here

Aged ☐

1. How long ago did the bleeding start?
   - ☐ Less than 2 weeks
   - ☐ 2-4 weeks
   - ☐ 1-12 months
   - ☐ 1-2 years
   - ☐ More than 2 years

2. Is the blood:
   - ☐ Fresh blood-bright red
   - ☐ Old blood-dark red
   - ☐ Both bright red and dark red

3. On average how often do you have this bleeding:
   - ☐ Daily
   - ☐ 2-3 times a week
   - ☐ Weekly
   - ☐ Monthly
   - ☐ Every few months
   - ☐ Occasionally (1-2 episodes only)

4. On average, is the bleeding [each time]:
   - ☐ A smear or drop on the toilet paper
   - ☐ A small amount [less than a tsp]
   - ☐ A moderate amount [approx. less than a cup]
   - ☐ A large amount [approx. more than a cup]

5. Is the blood [you can tick more than one]
   - ☐ On the toilet paper
   - ☐ In the toilet bowl
   - ☐ Mixed with stool [bowel motion]
   - ☐ Coating the stool

6. When does the bleeding occur?
   - ☐ Before the motion
   - ☐ With the motion
   - ☐ After the motion

Do you have you any of the following?		**YES**	**NO**	
• Persistent change in bowel habit:	Looser stools	☐	☐	
	Constipation	☐	☐	
	More frequent than usual	☐	☐	
• Significant recent unintentional weight loss		☐	☐	How much? _____ kgs
• Anaemia [low blood count]		☐	☐	
• Pain in or around your back passage		☐	☐	
• Tummy pain [not menstrual cramps]		☐	☐	
Have you ever had:	- Bowel polyps	☐	☐	
	- Bowel cancer	☐	☐	
	- Ulcerative colitis or Crohns disease	☐	☐	

Has anyone in your family had bowel cancer? ☐ ☐

If so, who and age at diagnosis

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Has anyone in your family had bowel polyps? ☐ ☐

If so, who?

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