

Participant ID							ANO-RECTAL PHYSIOLOGY FORM	

Ano-Rectal Physiology Form	
Date of test	<input type="text"/> D <input type="text"/> D - <input type="text"/> M <input type="text"/> M <input type="text"/> M - <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Timepoint	<input type="text"/> Baseline <input type="text"/> 24 weeks
Parity	<input type="text"/> no. of children born
Duration of symptoms pre-injury/diagnosis	<input type="text"/> years
Symptoms	
Faecal incontinence	<input type="checkbox"/> YES <input type="checkbox"/> NO
Difficult evacuation	<input type="checkbox"/> YES <input type="checkbox"/> NO
Infrequent emptying	<input type="checkbox"/> YES <input type="checkbox"/> NO
Abdominal pain	<input type="checkbox"/> YES <input type="checkbox"/> NO
Bloating	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other (Specify if YES)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Transit study	<input type="checkbox"/> YES <input type="checkbox"/> NO
Markers R colon	<input type="text"/> n
Markers L colon	<input type="text"/> n
Markers recto-sigmoid	<input type="text"/> n
Total markers	<input type="text"/> n
Please tick appropriate box for speed of transit	<input type="checkbox"/> SLOW <input type="checkbox"/> NORMAL

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Ano-Rectal Physiology Form cont.	
Physiology measurements completed	<input type="checkbox"/> YES <input type="checkbox"/> NO
Anal electrosens	<input type="text"/> mA
Rectal electrosens	<input type="text"/> mA
Balloon threshold vol	<input type="text"/> ml
Balloon urge vol	<input type="text"/> ml
Balloon max tolerated vol	<input type="text"/> ml
Barostat rectal compliance	<input type="text"/> mmHg/ml
RAIR latency	<input type="text"/> msec
RAIR duration	<input type="text"/> msec
Anal rest pr	<input type="text"/> mmHg
Anal squeeze pr	<input type="text"/> mmHg
Wexner-total	<input type="text"/>

Signature (Tester)	
<input type="text"/>	<input type="text"/>
PRINT NAME	SIGNATURE OF TESTER

Signature (Information added to study database)	
<input type="text"/>	<input type="text"/>
PRINT NAME	SIGNATURE
<input type="text"/> D <input type="text"/> D - <input type="text"/> M <input type="text"/> M <input type="text"/> M - <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	