

Date: _____

The Neurogenic Bowel Dysfunction score – NBD Score¹

	Score
1. How often do you defaecate? <input type="radio"/> Daily (score 0) <input type="radio"/> 2-6 times per week (score 1) <input type="radio"/> Less than once per week (score 6)	
2. How much time do you spend on each defaecation? <input type="radio"/> Less than 30 min. (score 0) <input type="radio"/> 31-60 min. (score 3) <input type="radio"/> More than an hour (score 7)	
3. Do you experience uneasiness, sweating or headaches during or after defaecation? <input type="radio"/> Yes (score 2) <input type="radio"/> No (score 0)	
4. Do you take medication (tablets) to treat constipation? <input type="radio"/> Yes (score 2) <input type="radio"/> No (score 0)	
5. Do you take medication (drops or liquid) to treat constipation? <input type="radio"/> Yes (score 2) <input type="radio"/> No (score 0)	
6. How often do you use digital evacuation? <input type="radio"/> Less than once per week (score 0) <input type="radio"/> Once or more per week (score 6)	
7. How often do you have involuntary defaecation? <input type="radio"/> Daily (score 13) <input type="radio"/> 1-6 times a week (score 7) <input type="radio"/> 3-4 times a month (score 6) <input type="radio"/> A few times a year or less (score 0)	
8. Do you take medication to treat faecal incontinence? <input type="radio"/> Yes (score 4) <input type="radio"/> No (score 0)	
9. Do you experience uncontrollable flatus? <input type="radio"/> Yes (score 2) <input type="radio"/> No (score 0)	
10. Do you have peri-anal skin problems? <input type="radio"/> Yes (score 3) <input type="radio"/> No (score 0)	
Total score (between 0 and 47)	

General satisfaction

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

0 1 2 3 4 5 6 7 8 9 10

Severity of bowel dysfunction

Score 0-6: Very minor
Score 7-9: Minor
Score 10-13: Moderate
Score 14+: Severe