

Date: \_\_\_\_\_

## NBD score – the Neurogenic Bowel Dysfunction score<sup>1</sup>

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

### 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 dysfunction  
**Score 7-9:** Minor dysfunction  
**Score 10-13:** Moderate dysfunction  
**Score 14+:** Severe dysfunction

<sup>1</sup> Krogh, K., Christensen, P., Sabroe, S., Laurberg, S. Neurogenic bowel dysfunction score Spinal Cord 2006 Vol. 44 p. 625-631