

NBD Score — The Neurogenic Bowel Dysfunction Score¹

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

General satisfaction

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

0 0 1 0 2 0 3 0 4 0 5 0 6 0 7 0 8 0 9 0 10

Severity of bowel dysfunction
Very minor
Minor
Moderate
Severe

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