

# ODS SCORE

<b>MECHANICAL AID (enemas or suppositories)</b>	
Never	<b>0</b>
Less than once weekly	<b>1</b>
1-6 times weekly	<b>2</b>
Every day	<b>3</b>
<b>DIFFICULTIES TO EVACUATE</b>	
Never	<b>0</b>
Less than once weekly	<b>1</b>
1-6 times weekly	<b>2</b>
Every day	<b>3</b>
<b>DIGITATION TO EVACUATE</b>	
Never	<b>0</b>
Less than once weekly	<b>1</b>
1-6 times weekly	<b>2</b>
Every day	<b>3</b>
<b>RETURN TO TOILET TO EVACUATE</b>	
Never	<b>0</b>
Less than once weekly	<b>1</b>
1-6 times weekly	<b>2</b>
Every day	<b>3</b>
<b>FEELING OF INCOMPLETE EVACUATION</b>	
Never	<b>0</b>
Less than once weekly	<b>1</b>
1-6 times weekly	<b>2</b>
Every day	<b>3</b>
<b>STRAINING TO EVACUATE</b>	
Never	<b>0</b>
Sometimes	<b>1</b>
Often	<b>2</b>
Always	<b>3</b>
<b>TIME NEEDED TO EVACUATE</b>	
Less than 5 minutes	<b>0</b>
6-10 minutes	<b>1</b>
11-20 minutes	<b>2</b>
More than 20 minutes	<b>3</b>
<b>LIFESTYLE ALTERATIONS</b>	
None	<b>0</b>
Rarely	<b>1</b>
Sometimes	<b>2</b>
Always	<b>3</b>
<b>TOTAL SCORE</b>	