Anal Fissure Symptom Questionnaire

In the last 48 hours how frequently have you experienced:

**Rectal bleeding with defecation?**
- None of the time
- Some of the time
- Most of the time
- Every BM

**Rectal bleeding unrelated to defecation?**
- None of the time
- Some of the time
- Most of the time
- All of the time

**Rectal pain with defecation?**
- None of the time
- Some of the time
- Most of the time
- Every BM

**Rectal pain unrelated to defecation?**
- None of the time
- Some of the time
- Most of the time
- All of the time

**Rectal spasms?**
- None of the time
- Some of the time
- Most of the time
- All of the time

Date completed ___________________________