

SECOV: Constipation during COVID-19 lockdown study.

SECTION 1: INFORMED CONSENT

You are being invited to participate in this study titled: “SECOV study, symptoms of constipation during the COVID-19 lockdown”.

Constipation is one of the most frequent medical problems in gastroenterology. It is defined as dissatisfaction when evacuating, whether due to a reduced number of evacuations per week, hard difficult stools to expel or feeling that you have not fully emptied your bowels. It happens most often due to changes in diet or routine, or due to inadequate intake of fiber. You should call your doctor if you have severe pain, blood in stools, or constipation that lasts longer than three weeks.

We invite you to answer this survey anonymously.

This survey will help to know the frequency of symptoms of constipation during lockdown. Your opinion and your answers are very important for the development of science in Mexico, so we gently ask you to answer as true as what you are experiencing. All data will be collected and processed confidentially. The information generated by the survey will be protected according to the protection of personal data law.

The result of this study could be sent in to meetings, congresses or publications, however you will not be personally identified at any time.

In accordance with local regulations, you have the right to request the access or cancellation of your personal information at any time. Your participation in this study is voluntary and you could decide not to participate at any time, this decision will not affect the level of care you will receive now or in the future by our institution. If you agree to participate, you will be asked if you are willing to be contacted in the future. Any questions about this project or about the data generated, you can send an email requesting information to institutogastrouv@gmail.com

Do you accept to participate in this study?

A) Yes *Go to the survey

B) No *Submitted a blank form.

SECTION 2: GENERAL INFORMATION**1) Nationality:**

- A. Mexican
- B. Other. _____

2) What state or province do you currently live in? _____**3) Sex:**

- A. Male
- B. Female

4) Age (years): _____**5) Civil status:**

- A. Single
- B. Married
- C. Divorced
- D. Other

6) Height in cm _____**7) Weight in cm _____****8) Education**

- A. Analphabet
- B. Elementary
- C. High school
- D. University degree
- E. Other _____

9) Current job

- A. Unemployed
- B. Employed (Describe your job) _____

10) Do you suffer from any disease?

- A. Yes, which one? _____
- B. No

11) Do you take any medication?

- A. Yes/no, which one? _____
- B. No

12) Have you been recently (last 2 weeks) in contact with someone diagnosed with COVID-19?

- A. Yes
- B. No

13) Have you been diagnosed with COVID-19?

- A. Yes

B. No

14) Before lockdown did you have suffered from constipation symptoms?

A. Yes, go to the END section

B. No, then CONTINUE with the following sections

SECTION 3: CONSTIPATION

15) Do you think you have developed constipation symptoms since the lockdown was put in place?

A. Yes

B. No

16) From the following list of symptoms that refer to constipation, check which ones you have had (you can check more than one)

- Straining during more than ¼ (25%) of defecations
 - A. Yes
 - B. No
- Lumpy or hard stools more than ¼ (25%) of defecations
 - A. Yes
 - B. No
- Sensation of incomplete evacuation more than ¼ (25%) of defecations
 - A. Yes
 - B. No
- Sensation of anorectal obstruction/blockage more than ¼ (25%) of defecations
 - A. Yes
 - B. No
- Manual maneuvers to facilitate more than ¼ (25%) of defecations (e.g., digital evacuation, support of the pelvic floor)
 - A. Yes
 - B. No
- Fewer than three spontaneous bowel movements per week
 - A. Yes
 - B. No

17) Have you taken any medication for constipation?

A. Yes

B. No

18) Which medication (s) you have used for constipation

19) Have you had any complication (hemorrhoids, fissures, anal pain, other) associated with constipation?

A. Yes, which one? _____

B. No

20) What has been the longest time you have been unable to evacuate (days) _____

SECTION 4: BEFORE LOCKDOWN

- 21) Before lockdown, what was your average number of bowel movements per day? ____
- 22) Before lockdown, what was your average number of bowel movements per week? ____
- 23) Before lockdown, did you consume fiber on a regular basis? Regular fiber intake refers to consuming at least one regular serving of foods with fiber each day
- A. Yes
 - B. No
- 24) Before lockdown, what was your predominant way of including fiber to your diet? (you can check more than one)
- A. I consider that usually I do not take fiber,
 - B. Cereals (whey, oats, barley, rye, brown rice)
 - C. Fruits y vegetables
 - D. Fiber supplements in capsules
 - E. Fiber supplements in powder
 - F. Other _____
- 25) If you were taking fiber supplements, specify the type of supplement used *You can check more than one option.
- A. Guar gum
 - B. Inuline
 - C. Methylcellulose
 - D. Psyllium plantago
 - E. Wheat bran
 - F. I don't take fiber supplements
 - G. Other
- 26) Before lockdown did you use laxatives on a regular basis?
- A. Yes, which one ____
 - B. No
- 27) Before lockdown how much water did you drink per day?
- A. < 500 ml per day
 - B. 2) 500 ml to 1 liter per day
 - C. 3) 1 to 2.5 liters per day
 - D. 4) > 2.5 liters per day
- 28) Before lockdown did you do perform any physical activity on a regular basis? Regular basis means at least 4 days a week
- A. Yes
 - B. No
- 29) Before lockdown what kind of physical activity did you do? *You can check more than one option.
- A. I didn't do exercise

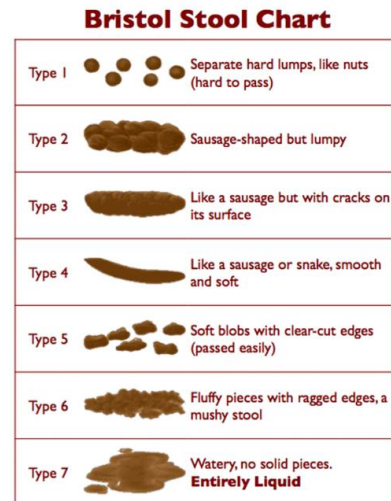
- B. Bicycle
- C. Jogging
- D. CrossFit
- E. Sports (soccer, volleyball, baseball, basketball, etc.)
- F. Running
- G. Other, please write which one _____

30) Before lockdown, how many minutes per day did you do physical activity? _____

31) Before lockdown, how many days a week did you do physical activity? _____

32) According to the next figure (Bristol scale), which one was your predominant stool patron before lockdown?

- A. Bristol 1
- B. Bristol 2
- C. Bristol 3
- D. Bristol 4
- E. Bristol 5
- F. Bristol 6.



SECTION 5: DURING LOCKDOWN

33) During lockdown, what was your average number of bowel movements per day? _____

34) During lockdown, what was your average number of bowel movements per week? _____

35) During lockdown, did you consume fiber on a regular basis? Regular fiber intake refers to consuming at least one regular serving of foods with fiber each day

- A. Yes
- B. No

36) During lockdown, what was your predominant way of including fiber to your diet? (you can check more than one)

- A. I consider that usually I do not take fiber
- B. Cereals (whey, oats, barley, rye, brown rice)
- C. Fruits y vegetables

- D. Fiber supplements in capsules
- E. Fiber supplements in powder
- F. Other_____

37) If you needed to take fiber supplements, specify the type of supplement used *You can check more than one option.

- A. Guar gum
- B. Inuline
- C. Methylcellulose
- D. Psyllium plantago
- E. Wheat bran
- F. I don't take fiber supplements
- G. Other

38) During lockdown did you use laxatives on a regular basis?

- A. Yes, which one_____
- B. No

39) During lockdown how much water did you drink per day?

- A. < 500 ml per day
- B. 2) 500 ml to 1 liter per day
- C. 3) 1 to 2.5 liters per day
- D. 4) > 2.5 liters per day

40) During lockdown did you do perform any physical activity on a regular basis? Regular basis means at least 4 days a week

- A. Yes
- B. No

41) During lockdown what kind of physical activity did you do? *You can check more than one option.

- A. I didn't do exercise
- B. Bicycle
- C. Jogging
- D. CrossFit
- E. Sports (soccer, volleyball, baseball, basketball, etc.)
- F. Running
- G. Other, please write which one_____








42) During lockdown, how many minutes per day did you do physical activity?_____

43) During lockdown, how many days a week did you do physical activity?_____

44) According to the next figure (Bristol scale), which one was your predominant stool patron during lockdown?

- A. Bristol 1
- B. Bristol 2
- C. Bristol 3
- D. Bristol 4
- E. Bristol 5
- F. Bristol 6.

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

- If you Answer NO to Question 15, please go to the END section
- If you Answer YES to Question 15, please proceed to answer the next question

SECTION 6: PAC QOL

PAC-QOL©

PATIENT ASSESSMENT OF CONSTIPATION

The following questions are designed to measure the impact constipation has had on your daily life over the past 2 weeks. For each question, please check one box.

The following questions ask about your symptoms related to constipation. During the past 2 weeks, to what extent or <u>intensity</u> have you...	Not at all 1	A little bit 2	Moderately 3	Quite a bit 4	Extremely 5
1. felt bloated to the point of bursting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. felt heavy because of your constipation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The next few questions ask about how constipation affects your <u>daily life</u> . During the past 2 weeks, how much of the time have you...	None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5

3. felt any physical discomfort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. felt the need to have a bowel movement but not been able to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. been embarrassed to be with other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. been eating less and less because of not being able to have bowel movements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next few questions ask about how constipation affects your <u>daily life</u> . During the past 2 weeks, to what extent or intensity have you...	Not at all 0	A little bit 1	Moderately 2	Quite a bit 3	Extremely 4
7. had to be careful about what you eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. had a decreased appetite?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. been worried about not being able to choose what you eat (for example, at a friend's house)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. been embarrassed about staying in the bathroom for so long when you were away from home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. been embarrassed about having to go to the bathroom so often when you were away from home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. been worried about having to change your daily routine (for example, traveling, being away from home)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The next few questions ask about your <u>feelings</u> related to constipation. During the past 2 weeks, how much of the time have you...	None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5
13. felt irritable because of your condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. been upset by your condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. felt obsessed by your condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. felt stressed by your condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. felt less self-confident because of your condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. felt in control of your situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions ask about your <u>feelings</u> related to constipation. During the past 2 weeks, to what extent or intensity have you...	Not at all 0	A little bit 1	Moderately 2	Quite a bit 3	Extremely 4
19. been worried about not knowing when you are going to be able to have a bowel movement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. been worried about not being able to have a bowel movement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. been more and more bothered by not being able to have a bowel movement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The next questions ask about your <u>lifewith constipation</u> . During the past 2 weeks, how much of the time have you...	None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5
22. been worried that your condition will get worse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. felt that your body was not working properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. had fewer bowel movements than you would like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The next questions ask about your <u>degree of satisfaction</u> related to constipation. During the past 2 weeks, to what extent or intensity have you been...	Not at all 0	A little bit 1	Moderately 2	Quite a bit 3	Extremely 4

25. satisfied with how often you have a bowel movement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. satisfied with the regularity of your bowel movements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. satisfied with the time it takes for food to pass through the intestines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. satisfied with your treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

END SECTION

THANKS FOR PARTICIPATING

Your participation is important for the development of science in Mexico, we invite you to share this survey with your family and Friends. We invite you to read any of the following pages where you can find information related to constipation. Thank you

1.- General information about constipation. <https://www.mayoclinic.org/es-es/diseases-conditions/constipation/symptoms-causes/syc-20354253>

2.- Food, diet and nutrition for constipation. <https://www.niddk.nih.gov/health-information/informacion-de-la-salud/enfermedades-digestivas/estrenimiento/alimentacion-dieta-y-nutricion>

3.- Nutritional recommendations and dietary measures. <http://www.humv.es/estatico/ua/endocrino/recomendaciones/Estrenimiento.pdf>

4.- Constipation and alterations in defecation. <https://gi.org/patients/recursos-en-espanol/estrenimiento-y-problemas-para-defecar/>