

## Questionnaire

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first name:..... last name:..... age:..... gender:.....  
 Education:..... height:..... weight:.....  
 home address:..... phone Number:.....  
 hemorrhoid grade **Before** treatment:..... hemorrhoid grade **after** treatment:.....

**Please read the Scoring guide table first ; and then answer next table.**

	Score 0	Score 1	Score 2	Score 3	Score 4	Score 5
<b>Rectal bleeding</b>	No	Seeing blood stains	Less than 100 cc	100-250 cc	250-500 cc (1-2 glasses)	More than 500 cc (two glasses)
<b>Incomplete defecation</b>	No	Occasional and mild	Mild and persistent	moderate	severe	Very severe
<b>Anal pain</b>	No	Occasional and mild	Mild and persistent	moderate	severe	Very severe
<b>Anal irritation</b>	No	Occasional and mild	Mild and persistent	moderate	severe	Very severe
<b>Anal discharge</b>	No	Seeing blood stains	Less than 100 cc	100-250 cc	250-500 cc (1-2 glasses)	More than 500 cc(two glasses)
<b>Anal discomfort</b>	No	Occasional and mild	Mild and persistent	moderate	severe	Very severe
<b>Diarrhea</b>	No	2-3 times a day and watery	3-5 times a day	5-7 times a day	7-10 times a day	More than 10 times a day
<b>Nausea</b>	No	1-3 times a day	3-5 times a day	5-7 times a day	7-10 times a day	More than 10 times a day
<b>Vomiting</b>	No	1-3 times a day	3-5 times a day	5-7 times a day	7-10 times a day	More than 10 times a day
<b>Headache</b>	No	Occasional and mild	Mild and persistent	moderate	severe	Very severe
<b>Vertigo</b>	No	Occasional and mild	Mild and persistent	moderate	severe	Very severe
<b>Pruritus</b>	No	Occasional and mild	Mild and persistent	moderate	severe	Very severe
<b>Skin rash</b>	No	Occasional and mild	Mild and persistent	moderate	severe	Very severe

**Please answer;**

<b>symptom</b>	<b>Before treatment</b>	<b>first week</b>	<b>Second week</b>	<b>Third week</b>	<b>Fourth week</b>
<b>Rectal bleeding</b>					
<b>Incomplete defecation</b>					
<b>Anal pain</b>					
<b>Anal irritation</b>					
<b>Anal discharge</b>					
<b>Anal discomfort</b>					
<b>Diarrhea</b>					
<b>Nausea</b>					
<b>Vomiting</b>					
<b>Headache</b>					
<b>Vertigo</b>					
<b>Pruritus</b>					
<b>Skin rash</b>					

