

Chronic Radiation Proctopathy Symptom Scales (CRPSS)

We are interested in some things about your health and we designed the following questions to assess your anorectal functions recently. Please fill out all of these questions by circling the number that best applies to you. There is no “right” or “wrong” answers. Your information will remain strictly confidential.

Your Initials: _____

Your Birthdate: _____

Today's date: _____

1.1 Do you have anal or perineal pain?

- 1) None (if select none, please skip Question 1.2)
- 2) Mild – I can ignore this condition.
- 3) Moderate – I can't ignore this condition, but no effect on daily life
- 4) Severe – I can't focus on daily life because of this condition
- 5) Very severe – Severely disturb my daily life, and I need to stop to rest

1.2 How long is this condition?

- 1) Very few
- 2) About 1 time per week
- 3) Multiple times per week, not daily
- 4) About 1 time per day
- 5) Always

2.1 Do you have the condition when you want to evacuate, but no stool can be evacuated?

- 1) None (if select none, please skip Question 2.2)
- 2) Mild – I can ignore this condition.
- 3) Moderate – I can't ignore this condition, but no effect on daily life
- 4) Severe – I can't focus on daily life because of this condition
- 5) Very severe – Severely disturb my daily life, and I need to stop to rest

2.2 How long is this condition?

- 1) Very few
- 2) About 1 time per week
- 3) Multiple times per week, not daily
- 4) About 1 time per day
- 5) always

3.1 Do you evacuate blood or blood clot?

- 1) None (if select none, please skip Question 3.2)
- 2) Mild – I can ignore this condition.
- 3) Moderate – I can't ignore this condition, but no effect on daily life

- 4) Severe – I can't focus on daily life because of this condition
- 5) Very severe – Severely disturb my daily life, and I need to stop to rest

3.2 How long is this condition?

- 1) Very few
- 2) About 1 time per week
- 3) Multiple times per week, not daily
- 4) About 1 time per day
- 5) always

4.1 Do you have uncontrolled liquid, stool or gas through anus or vagina?

- 1) None (if select none, please skip Question 4.2)
- 2) Mild – I can ignore this condition.
- 3) Moderate – I can't ignore this condition, but no effect on daily life
- 4) Severe – I can't focus on daily life because of this condition
- 5) Very severe – Severely disturb my daily life, and I need to stop to rest

4.2 How long is this condition?

- 1) Very few
- 2) About 1 time per week
- 3) Multiple times per week, not daily
- 4) About 1 time per day
- 5) always