

## Supplementary Information

**Table S1.** Small Bowel Obstruction Questionnaire. The point value for each question is denoted in the boxes. Instructions: These questions ask about your diet, digestion and pain related to your bowels during the past 30 days. Please select the best answer for each question. Begin each question with “During the last 30 days”.

#	Question	Virtually Every Day	Most Days	About Half of the Days	Some Days	Never or Almost never
		28–30 days	20–28 days	11–19 days	3–10 days	Less than 3 days
<b>Diet</b>						
1	I was on a totally liquid diet	0	1	2	3	4
2	I was on a soft food diet	0	1	2	3	4
3	I could easily ingest and digest solid food	4	3	2	1	0
4	I could eat whatever I liked, without problems	4	3	2	1	0
<b>Pain</b>						
5	I had pain	4	3	2	1	0
6	I had pain at or above my belly button	4	3	2	1	0
7	I had pain below my belly button	4	3	2	1	0
8	I had pain with bowel movements	4	3	2	1	0
9	I experienced head or neck pain	4	3	2	1	0
10	I had Migraine headache(s)	4	3	2	1	0
11	I experienced tailbone (coccyx) pain	4	3	2	1	0
12	Eating caused my abdomen to hurt	4	3	2	1	0
13	Drinking liquids caused my abdomen to hurt	4	3	2	1	0
14	I had back pain	4	3	2	1	0
<b>Other Adverse Experiences</b>						
15	I had nausea after eating	4	3	2	1	0
16	I vomited after eating	4	3	2	1	0
17	I experienced digestive spasm	4	3	2	1	0
18	I had constipation	4	3	2	1	0
19	I had diarrhea	4	3	2	1	0
20	I eliminated blood-stained, or jelly-like mucus	4	3	2	1	0

Table S1. Cont.

#	Question	Virtually Every Day	Most Days	About Half of the Days	Some Days	Never or Almost Never
		28–30 days	20–28 days	11–19 days	3–10 days	Less than 3 days
21	I had gas/bloating/distension	4	3	2	1	0
22	I had increased bowel sounds	4	3	2	1	0
23	I was unable to have bowel movements when I wanted or needed to go	4	3	2	1	0
24	My bowel movements looked abnormal	4	3	2	1	0
25	Eating or drinking caused me to swell, bloat or have gas	4	3	2	1	0
<b>Daily Life</b>						
26	I took medications for my symptoms	4	3	2	1	0
27	I was unable to work due to my condition	4	3	2	1	0
28	I was unable to have a normal social life due to my condition	4	3	2	1	0
29	I would feel uncomfortable or unable to make travel plans due to my condition	4	3	2	1	0
30	My sex life suffered due to my condition	4	3	2	1	0
31	I had decreased ability to participate in normal daily activities due to my condition	4	3	2	1	0
32	I would be reluctant to eat at a restaurant or a friend's house due to my condition	4	3	2	1	0
33	I felt that I could decrease my own symptoms using my hands	0	1	2	3	4
34	I worried about having another bowel obstruction	4	3	2	1	0

**Table S2.** The longest duration of my worst pain was (mark one answer by placing an X).

Longer than Three Hours	Up to Three Hours	Ten Minutes to an Hour	One to Ten Minutes	Only a Few Seconds	I did not Have Pain
5	4	3	2	1	0

**Table S3.** With zero being no pain and ten being the worst pain I could imagine, the pain levels in or from my bowels over the last four weeks were (mark one in each row by placing an X).

Pain Level	0	1	2	3	4	5	6	7	8	9	10
Highest Pain:											
Lowest Pain:											
Average Pain:											

**Scoring:**

Domain	Sum of Scores for Questions
Diet	1–4
Pain	5–14
Gastrointestinal Symptoms	15–25
Quality of Life	27–34
Medication	26
Pain Duration	35
Pain Characteristics (Highest, Lowest, Average)	36

**Quartiles by Domain Score**

Normative Values per Domain				
Domain	Classification from Sum of Scores			
Normal	Slight Impact	Moderate Impact	Severe Impact	
Diet	13–16	9–12	5–8	0–4
Pain	0–9	10–19	20–29	30–40
Gastrointestinal Symptoms	0–10	11–21	22–32	33–44
Quality of Life	0–7	8–14	15–21	22–28
Medication	0–1	2	3	4