

**FIGURE 2**  
The LARS (low anterior resection syndrome) questionnaire<sup>28</sup>

**The LARS Score - Scoring Instructions**

Add the scores from each of the 5 questions to give the total score

**Do you ever have occasions when you cannot control your flatus (wind)?**

- |   |   |
|---|---|
| <input type="checkbox"/> No, never                    | 0 |
| <input type="checkbox"/> Yes, less than once per week | 4 |
| <input type="checkbox"/> Yes, at least once per week  | 7 |

**Do you ever have any accidental leakage of liquid stool?**

- |   |   |
|---|---|
| <input type="checkbox"/> No, never                    | 0 |
| <input type="checkbox"/> Yes, less than once per week | 3 |
| <input type="checkbox"/> Yes, at least once per week  | 3 |

**How often do you open your bowels?**

- |   |   |
|---|---|
| <input type="checkbox"/> More than 7 times per day (24 hours) | 4 |
| <input type="checkbox"/> 4-7 times per day (24 hours)         | 2 |
| <input type="checkbox"/> 1-3 times per day (24 hours)         | 0 |
| <input type="checkbox"/> Less than once per day (24 hours)    | 5 |

**Do you ever have to open your bowels again within one hour of the last bowel opening?**

- |   |    |
|---|----|
| <input type="checkbox"/> No, never                    | 0  |
| <input type="checkbox"/> Yes, less than once per week | 9  |
| <input type="checkbox"/> Yes, at least once per week  | 11 |

**Do you ever have such a strong urge to open your bowels that you have to rush to the toilet?**

- |   |    |
|---|----|
| <input type="checkbox"/> No, never                    | 0  |
| <input type="checkbox"/> Yes, less than once per week | 11 |
| <input type="checkbox"/> Yes, at least once per week  | 16 |

**Total Score:**

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**Interpretation:**

- |        |            |
|--------|------------|
| 0-20:  | No LARS    |
| 21-29: | Minor LARS |
| 30-42: | Major LARS |