**Other results**

1. Type of therapeutic drugs

The most frequent type of drug used by patients within the past 1 week was osmotic laxatives (63.7%), followed by stimulant laxatives (34.8%), Japanese Kampo medicine (15.1%), suppositories/enemas (4.5%), and other drugs (7.9%). Intestinal secretagogues including lubiprostone and linaclotide, and ileal bile acid transporter (IBAT) inhibitors including elobixibat were used in a few cases **(Table 5)**.

1. Bristol stool form scale (BSFS)

Most of the CC individuals had BSFS type 1 to type 3. The rate of type 4 (normal stool form) was slightly higher in CC-P individuals than in CC individuals. However, types 1 to 3 were observed to the same extent as type 4 in CC-P individuals, regardless of treatment **(Table6)**

1. Frequency of bowel movements

Most female (74.5%) CC individuals reported <3 BMs per week. In contrast, many more participants of both sexes reported ≥3 BMs per week in CC-P than in CC individuals **(Table 6)**.

1. Frequency of difficulty with defecation

About half of CC individuals had ≥1 instance of difficulty with defecation in the past week, compared with 30% in CC-P individuals **(Table 6)**.

1. Frequency of incomplete evacuation

More than half of CC individuals had ≥1 incomplete evacuation in the past week versus one-third of patients in CC-P individuals **(Table 6)**.

1. Frequency of abdominal pain

The proportion of patients who reported never or rarely (<1/month) having abdominal pain was nearly the same in CC and CC-P individuals. However, more patients reported having abdominal pain ≥1 time/week in CC-P individuals compared with CC individuals **(Table 6)**.