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### FECAL INCONTINENCE QUESTIONNAIRE

Name \_\_\_\_\_

Date \_\_\_\_\_








1. On average, how often did you pass a bowel movement in the past 3 months? (Please check one)

- More than 3 times per day
- 2 to 3 times per day
- Once per day
- 2 to 3 times per week
- Less than once per week

2. What has been the usual consistency of your bowel movements in the past 3 months?

(Please circle the ONE type that applies to you USUALLY)

### Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. <b>Entirely Liquid</b>

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**3. Wexner Fecal Incontinence Score:** Please check the appropriate box in each row as honestly as possible regarding your bowel movement habits & your bowel control.

**Total Score (0-20):** \_\_\_\_\_

	Never (0)	Less than once per month  (1)	Less than once/ week & greater than once/month (2)	Less than once/day & greater than once/month (3)	Once a day or more than once a day (4)
How often do you have accidents to solid, well-formed stool?					
How often do you have accidents to liquid stool/ diarrhea?					
How often does the gas escape without your knowledge or control?					
How often do you wear a pad/ depends or change underwear?					
How much do the above answers alter your lifestyle or activities?					

**4. If you are NOT having full bowel accidents but you are having some *leakage of stool or gas*, please check the appropriate box in each row**

	Never	1 to 3 times a month	Once a week	2 or more times a week	Once a day	2 or more times a day
Leakage of Gas						
Leakage of Mucus						
Leakage of Liquid Stool						
Leakage of Solid Stool						



COLORECTAL/ANORECTAL PHYSIOLOGY & SURGERY

- Donald B. Colvin, M.D., F.A.S.C.R.S.
Lynda S. Dougherty, M.D., F.A.S.C.R.S.
Daniel P. Otchy, M.D., F.A.S.C.R.S.
Lawrence E. Stern, M.D., F.A.S.C.R.S.
Kimberly A. Matzie, M.D., F.A.S.C.R.S.
Caroline Sanchez, M.D., F.A.S.C.R.S.
Katherine Khalifeh, M.D., F.A.S.C.R.S.
Timothy A. Plerhoples, M.D., M.P.H.
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5. In the past month, did you have any warning or feeling when you needed to have a bowel movement?

- o Yes
o No (If no, go to question 6)

If yes, did you have to rush/ hurry to reach the toilet as soon as you felt the need to have a bowel movement?

- o Yes
o No

6. In the past month, did you ever have bowel leakage shortly after emptying your bowels or passing a bowel movement?

- o Yes
o No

7. In the past month have you experienced loss of control of your bladder:

- a) On coughing, laughing, sneezing or other physical activity?
o Yes
o No
b) When feeling an urgent need to urinate, but not making it to the toilet on time?
o Yes
o No

8. The following questions are only for women.
If you are a man, please go to question 11.

- a) How many children have you given birth to?
b) How many were vaginal deliveries?
c) In your longest labor, how long did you push for?
d) Were forceps or instruments ever used?
e) Did you ever have a tear or episiotomy involving the muscles of your anus?
f) What was the weight of your largest baby?
g) Have you ever had a hysterectomy, was it abdominal or vaginal, when was it done?

9. Have you ever had any of the following types of surgery to your bowels or anus?

- (Please check all that apply)
o Removal and rejoining of part of your bowel
o Anal fistula surgery
o Operation on anal muscles
o Operation on hemorrhoids or skin tags
o Major prostate operation
o Pelvic or prostate radiation
o None of the above



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**10. Do you have a stoma for emptying your bowels?**

- Yes
- No

**11. Have you ever injured your anus (such as trauma, an accident, abuse), not including during labor?**

- Yes
- No

**12. Do you suffer from any of the following medical problems? (Please check all that apply)**

- Inflammatory bowel disease (Crohn’s disease or Ulcerative Colitis)
- Irritable bowel syndrome
- Rectal prolapse
- Diabetes
- Stroke
- Other neurological condition
- Decreased mobility
- None of the above apply to me

**13. During the past month, have you felt sad, discouraged, hopeless, or had so many problems that you wondered if anything was worthwhile?**

- Extremely so to the point where I have just about given up
- Very much so
- Quite a bit
- Some so that it is enough to bother me
- A little bit
- Not at all

**14. Have you every discussed loss of bowel control with anyone? (Please check all that apply)**

- No one
- Family
- Family doctor
- Specialist
- Other health professional, if so please state what kind of professional \_\_\_\_\_

**15. Have you been referred to any other services or physicians for loss of bowel control?**

- Yes, please state where \_\_\_\_\_
- No

**THIS IS THE END OF YOUR QUESTIONNAIRE.**

**THANK YOU FOR YOUR TIME & ASSISTANCE**