Cleveland Clinic Incontinence Score

Please tick one box in each row to indicate on average how often you experience the following:

	Never	**Rarely** Less than once a month	**Sometimes** Less than once a week	**Usually** Less than once a day	**Always** Everyday
a. Solid stool leakage	☐	☐	☐	☐	☐
b. Liquid stool leakage	☐	☐	☐	☐	☐
c. Gas leakage	☐	☐	☐	☐	☐
d. Pad use (for stool)	☐	☐	☐	☐	☐
e. Lifestyle restriction	☐	☐	☐	☐	☐

Please fill in the dates of birth of your children and if the delivery was a Normal Vaginal Delivery or a Caesarean Section.

1st Child _ _/_ _/_ _ _ _ Delivery:________________

2nd Child _ _/_ _/_ _ _ _ Delivery:________________

3rd Child _ _/_ _/_ _ _ _ Delivery:________________

4th Child _ _/_ _/_ _ _ _ Delivery:________________

Other Children _ _/_ _/_ _ _ _ Delivery:________________

Thank you very much for completing this questionnaire

Fecal Incontinence Quality of Life Instrument

Q 1: In general, would you say your health is:

1 □ Excellent
2 □ Very Good
3 □ Good
4 □ Fair
5 □ Poor

Q 2: For each of the items, please indicate how much of the time the issue is a concern for you <u>due to accidental bowel leakage</u>.

Q2. Due to accidental bowel leakage:	**Most of the Time**	**Some of The Time**	**A Little of the Time**	**None of the Time**
a. I am afraid to go out	1	2	3	4
b. I avoid visiting friends	1	2	3	4
c. I avoid staying overnight away from home	1	2	3	4
d. It is difficult for me to get out and do things like going to a movie or to church	1	2	3	4
e. I cut down on how much I eat before I go out	1	2	3	4
f. Whenever I am away from home, I try to stay near a restroom as much as possible	1	2	3	4
g. It is important to plan my schedule (daily activities) around my bowel pattern	1	2	3	4
h. I avoid traveling	1	2	3	4
i. I worry about not being able to get to the toilet in time	1	2	3	4
j. I feel I have no control over my bowels	1	2	3	4
k. I can't hold my bowel movement long enough to get to the bathroom	1	2	3	4
l. I leak stool without even knowing it	1	2	3	4
m. I try to prevent bowel accidents by staying very near a bathroom	1	2	3	4

Q 3: <u>Due to accidental bowel leakage</u>, indicate the extent to which you AGREE or DISAGREE with each of the following items.

Q3. Due to accidental bowel leakage:	**Strongly Agree**	**Somewhat Agree**	**Somewhat Disagree**	**Strongly Disagree**
a. I feel ashamed	1	2	3	4
b. I can not do many of things I want to do	1	2	3	4
c. I worry about bowel accidents	1	2	3	4
d. I feel depressed	1	2	3	4
e. I worry about others smelling stool on me	1	2	3	4
f. I feel like I am not a healthy person	1	2	3	4
g. I enjoy life less	1	2	3	4
h. I have sex less often than I would like to	1	2	3	4
i. I feel different from other people	1	2	3	4
j. The possibility of bowel accidents is always on my mind	1	2	3	4
k. I am afraid to have sex	1	2	3	4
l. I avoid traveling by plane or train	1	2	3	4
m. I avoid going out to eat	1	2	3	4
n. Whenever I go someplace new, I specifically locate where the bathrooms are	1	2	3	4

Q 4: During the past month, have you felt so sad, discouraged, hopeless, or had so many problems that you wondered if anything was worthwhile?

1 □ Extremely So - To the point that I have just about given up
2 □ Very Much So
3 □ Quite a Bit
4 □ Some - Enough to bother me
5 □ A Little Bit
6 □ Not At All

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PATIENT ASSESSMENT OF CONSTIPATION

This questionnaire asks you about your constipation symptoms in the **past 2 weeks**. Answer each question according to your symptoms, as accurately as possible. There are no right or wrong answers.

For each symptom below, please indicate **how severe** your symptoms have been during the **past 2 weeks**. If you have not had the symptom during the past 2 weeks, tick 0. If the symptom seemed mild, tick 1. If the symptom seemed moderate, tick 2. If the symptom seemed severe, tick 3. If the symptom seemed very severe, tick 4. Please be sure to answer every question.

How severe have each of these symptoms been in the past 2 weeks?	**Absent 0**	**Mild 1**	**Moderate 2**	**Severe 3**	**Very severe 4**
1. discomfort in your stomach	☐	☐	☐	☐	☐
2. pain in your stomach	☐	☐	☐	☐	☐
3. bloating in your stomach	☐	☐	☐	☐	☐
4. stomach cramps	☐	☐	☐	☐	☐
5. painful bowel movements	☐	☐	☐	☐	☐
6. rectal burning during or after a bowel movement	☐	☐	☐	☐	☐
7. rectal bleeding or tearing during or after a bowel movement	☐	☐	☐	☐	☐
8. incomplete bowel movement, as though you didn't "finish"	☐	☐	☐	☐	☐
9. stools that were too hard	☐	☐	☐	☐	☐
10. stools that were too small	☐	☐	☐	☐	☐
11. straining or squeezing to try to pass stools	☐	☐	☐	☐	☐
12. feeling like you had to pass a stool but you couldn't (false alarm)	☐	☐	☐	☐	☐

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PATIENT ASSESSMENT OF CONSTIPATION ©

The following questions are designed to measure the impact constipation has had on your daily life **during the past 2 weeks**. For each question, please tick one box.

The following questions ask you about the intensity of your symptoms. To what extent, during the past 2 weeks...	**Not at all 0**	**A little bit 1**	**Moderately 2**	**Quite a bit 3**	**Extremely 4**
1. have you felt bloated to the point of bursting?	☐	☐	☐	☐	☐
2. have you felt heavy because of your constipation?	☐	☐	☐	☐	☐

The next few questions ask you about the effects of constipation on your daily life. How much of the time, during the past 2 weeks...	**None of the time 0**	**A little of the time 1**	**Some of the time 2**	**Most of the time 3**	**All of the time 4**
3. have you felt any physical discomfort?	☐	☐	☐	☐	☐
4. have you felt the need to open your bowel but not been able to?	☐	☐	☐	☐	☐
5. have you been embarrassed to be with other people?	☐	☐	☐	☐	☐
6. have you been eating less and less because of not being able to have bowel movements?	☐	☐	☐	☐	☐

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The next few questions ask you about the effects of constipation on your **daily life**. To what extent, during the past 2 weeks...	Not at all 0	A little bit 1	Moderately 2	Quite a bit 3	Extremely 4
7. have you had to be careful about what you eat?	☐	☐	☐	☐	☐
8. have you had a decreased appetite?	☐	☐	☐	☐	☐
9. have you been worried about not being able to choose what you eat (for example, at friend's)?	☐	☐	☐	☐	☐
10. have you been embarrassed about staying in the toilet for so long when you were away from home?	☐	☐	☐	☐	☐
11. have you been embarrassed about having to go to the toilet so often when you were away from home?	☐	☐	☐	☐	☐
12. have you been worried about having to change your daily routine (for example, travelling, being away from home)?	☐	☐	☐	☐	☐

The next few questions ask you about your **feelings**. How much of the time, during the past 2 weeks...	None of the time 0	A little of the time 1	Some of the time 2	Most of the time 3	All of the time 4
13. have you felt irritable because of your condition?	☐	☐	☐	☐	☐
14. have you been upset by your condition?	☐	☐	☐	☐	☐
15. have you felt obsessed by your condition?	☐	☐	☐	☐	☐
16. have you felt stressed by your condition?	☐	☐	☐	☐	☐
17. have you been less self-confident because of your condition?	☐	☐	☐	☐	☐
18. have you felt in control of your situation?	☐	☐	☐	☐	☐

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The next questions ask you about your <u>feelings</u>. To what extent, during the past 2 weeks...	Not at all 0	A little bit 1	Moderately 2	Quite a bit 3	Extremely 4
19. have you been worried about not knowing when you are going to be able to open your bowels?	☐	☐	☐	☐	☐
20. have you been worried about not being able to open your bowels when you needed to?	☐	☐	☐	☐	☐
21. have you been more and more bothered by not being able to open your bowels?	☐	☐	☐	☐	☐

The next questions ask about your <u>life with constipation</u>. How much of the time, during the past 2 weeks...	None of the time 0	A little of the time 1	Some of the time 2	Most of the time 3	All of the time 4
22. have you been afraid that your condition will get worse?	☐	☐	☐	☐	☐
23. have you felt that your body was not working properly?	☐	☐	☐	☐	☐
24. have you had fewer bowel movements than you would like?	☐	☐	☐	☐	☐

The next questions ask you about <u>how satisfied</u> you are. To what extent, during the past 2 weeks...	Not at all 0	A little bit 1	Moderately 2	Quite a bit 3	Extremely 4
25. have you been satisfied with how often you open your bowels?	☐	☐	☐	☐	☐
26. have you been satisfied with the regularity with which you open your bowels?	☐	☐	☐	☐	☐
27. have you been satisfied with your bowel function?	☐	☐	☐	☐	☐
28. have you been satisfied with your treatment?	☐	☐	☐	☐	☐

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IBS Module		
1. In the last 3 months, how often did you have discomfort or pain anywhere in your abdomen?	⓪ Never → ① Less than one day a month ② One day a month ③ Two to three days a month ④ One day a week ⑤ More than one day a week ⑥ Every day	*Skip remaining questions*
2. For women: Did this discomfort or pain occur only during your menstrual bleeding and not at other times?	⓪ No ① Yes ② Does not apply because I have had the change in life (menopause) or I am a male	
3. Have you had this discomfort or pain 6 months or longer?	⓪ No ① Yes	
4. How often did this discomfort or pain get better or stop after you had a bowel movement?	⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always	
5. When this discomfort or pain started, did you have more frequent bowel movements?	⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always	
6. When this discomfort or pain started, did you have less frequent bowel movements?	⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always	
7. When this discomfort or pain started, were your stools (bowel movements) looser?	⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always	
8. When this discomfort or pain started, how often did you have harder stools?	⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always	
9. In the last 3 months, how often did you have hard or lumpy stools?	⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always	Alternative scale: ⓪ Never or rarely ① About 25% of the time ② About 50% of the time ③ About 75% of the time ④ Always, 100% of the time
10. In the last 3 months, how often did you have loose, mushy or watery stools?	⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always	Alternative scale: ⓪ Never or rarely ① About 25% of the time ② About 50% of the time ③ About 75% of the time ④ Always, 100% of the time