

## Faecal Incontinence Quality of Life

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 due to accidental bowel leakage. (If it is a concern for you for reasons other than accidental bowel leakage then check the box under Not Apply, (N/A).)

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

Q 3: Due to accidental bowel leakage, indicate the extent to which you AGREE or DISAGREE with each of the following items. (If it is a concern for you for reasons other than accidental bowel leakage then check the box under Not Apply, N/A).

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

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