

www.colonrectaldocs.com

P: (301) 681-6437

F: (301) 681-7245

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. Entirely Liquid

Metro Colon and Rectal Surgery

Colorectal/Anorectal Physiology and Surgery
 Bradley H. Bennett, M.D., F.A.S.C.R.S., F.A.C.S.
 Rami Makhoul, M.D., F.A.C.S.

www.colonrectaldocs.com

P: (301) 681-6437

F: (301) 681-7245

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						

www.colonrectaldocs.com

P: (301) 681-6437

F: (301) 681-7245

5. In the past month, did you have any warning or feeling when you needed to have a bowel movement?

- Yes
- 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?

- Yes
- No

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

- Yes
- No

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

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

- Removal and rejoining of part of your bowel
- Anal fistula surgery
- Operation on anal muscles
- Operation on hemorrhoids or skin tags
- Major prostate operation
- Pelvic or prostate radiation
- None of the above

www.colonrectaldocs.com

P: (301) 681-6437

F: (301) 681-7245

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