

Center for Colon & Rectal Health Quality of Life Scale for Fecal Incontinence

Patient: _____ Date: _____

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

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

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).)

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

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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**).

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

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

