

## Fecal Incontinence Dietary Information

**Fecal Incontinence** is defined as involuntary loss of gas or stool. This affects both men and women, and is a treatable condition.

Three ways to improve bowel control are:

- Increase dietary fiber**
  - Recommended amounts: 20-35 mg per day
- Take over the counter bulking agents** such as:
  - Psyllium (Konsyl, Metamucil, Perdiem)
  - Methylcellulose (Citrucel)
  - Calcium polycarbophil (Fibercon, Fiber-lax, Mitrolan)
  - Guar gum (Benefiber)
- Decrease motility**
  - Immodium (available over the counter): use minimum effective dose. Discontinue if abdominal pain or constipation develops.

Note:

- Bulking agents work by absorbing stool water and therefore thicken the stool. This helps to promote and achieve bowel control.
- Increase fiber and bulking agents slowly to prevent gas and cramping. They should always be taken with an extra glass of water.
- If a high fiber diet causes increased pain or symptoms, please consult your provider.

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

## FECAL INCONTINENCE QUALITY OF LIFE

### Instructions

Please check one box that best answers the question for you.

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 below, please indicate how much of the time the issue is a concern for you due to accidental bowel leakage.

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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. I avoid visiting friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. I avoid staying overnight away from home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. It is difficult for me to get out and do things like going shopping or to church	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. I cut down on how much I eat before I go out	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Whenever I am away from home, I try to stay near a restroom as much as possible	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. It is important to plan my schedule (daily activities) around my bowel pattern	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. I avoid traveling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. I worry about not being able to get to the toilet in time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j. I feel I have no control over my bowels	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k. I can't hold my bowel movement long enough to get to the bathroom	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l. I leak stool without even knowing it	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
m. I try to prevent bowel accidents by staying very near a bathroom	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

## FECAL INCONTINENCE QUALITY OF LIFE (continued)

3. Due to accidental bowel leakage, indicate the extent to which you AGREE or DISAGREE with each of the following items.

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

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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NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

## Wexner Score

### Instructions

Please answer the questions according to your incidents of fecal incontinence. Check one box for each item listed.

	Never	Rarely	Sometimes	Often	Always
Solid	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Liquid	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Gas	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Wears Pad	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Lifestyle Alteration	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Rarely = less than once per month

Sometimes = between once per week and once per month

Often = between once per day and once per week

Always = at least once per day

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

## BOWEL DIARY

Directions: Record each episode on a separate line. If you have no bowel movements in a day, write the date and then under time write "none."

A normal bowel movement means into a toilet, an accident means involuntary loss of stool (liquid or solid) in places other than a toilet. If a bowel movement is mixed, check both boxes.

Amount: S (small): slightly staining  
 M (medium): requires change of pad/undergarments  
 L (large): requires change of outer clothing

Date	Time	Normal or Accident	Type	Amount (if accidental)
		<input type="checkbox"/> Normal <input type="checkbox"/> Accident	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L
		<input type="checkbox"/> Normal <input type="checkbox"/> Accident	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L
		<input type="checkbox"/> Normal <input type="checkbox"/> Accident	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L
		<input type="checkbox"/> Normal <input type="checkbox"/> Accident	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L
		<input type="checkbox"/> Normal <input type="checkbox"/> Accident	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L
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