

Please circle the number which describes the status of your fecal incontinence:

Incontinence type	<u>Never</u>	<u>Rarely:</u> <i>less than once a month.</i>	<u>Sometimes:</u> <i>less than once a week but more than once a month.</i>	<u>Usually:</u> <i>less than once a day but more than once a week</i>	<u>Always:</u> <i>once a day or more</i>
Solid	0	1	2	3	4
Liquid	0	1	2	3	4
Gas	0	1	2	3	4
Wears pad	0	1	2	3	4
Lifestyle Alterations	0	1	2	3	4

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