

**Instructions:**

**Please answer these questions by putting a X in the appropriate box. If you are unsure about how to answer a question, give the best answer you can.**

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"/>

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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