Cleveland Clinic Faecal Incontinence Score

Please circle the appropriate box for each question:

	Frequency				
Type of Incontinence	Never	Rarely	Sometimes	Weekly	Daily
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 Alteration	0	1	2	3	5

SCORE_____(20)

Never	*No faecal incontinence*
Rarely	*Less than once a month*
Sometimes	*Less than once a week*
Weekly	*Less than once a day*
Daily	*Everyday*

Add one score from each row

Minimum score = 0 = perfect continence

Maximum score = 20 = complete incontinence