

Initial Number

ICIQ-B (04/08)

CONFIDENTIAL

DAY

MONTH

YEAR

Today's date

Many people experience bowel accidents or bowel leakages. We are trying to find out how many people experience these symptoms and how much this bothers them. We would be grateful if you could answer the following questions, thinking about how you have been over the PAST THREE MONTHS.

1. Please enter your date of birth:

DAY

MONTH

YEAR

2. Are you (choose one):

Female ☐

Male ☐

Bowel Pattern

3. On average how many times do you open your bowels in 24 hours?

(Cross one box for 'usual' and cross one box for 'at worst')

	(a) Usual	(b) At worst
Less than once	☐ 1	☐ 1
One to three times	☐ 2	☐ 2
Three to ten times	☐ 3	☐ 3
Ten or more times	☐ 4	☐ 4

(c) How much does this bother you?

Please cross as appropriate 0 (not at all) and 10 (a great deal)

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
Not at all										a great deal

4. How often do you open your bowels during the night from going to bed to sleep until you get up in the morning?

(Cross one box)

	(a)
Never	☐ 0
Once	☐ 1
Twice	☐ 2
Three times	☐ 3
Four or more times	☐ 4

(b) How much does this bother you?

Please cross as appropriate 0 (not at all) and 10 (a great deal)

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
Not at all										a great deal

5. Do you have to rush to the toilet when you need to open your bowels? (Cross one box)

- (a)
- Never ☐ 0
- Rarely ☐ 1
- Some of the time ☐ 2
- Most of the time ☐ 3
- Always ☐ 4

(b) How much does this bother you?

Please cross as appropriate 0 (not at all) and 10 (a great deal)

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
Not at all										a great deal

6. Do you use medications (tablets or liquids) to stop you opening your bowels? (Cross one box)

- (a)
- Never ☐ 0
- Less than once a month ☐ 1
- Less than once a week ☐ 2
- Less than once a day ☐ 3
- About once a day ☐ 4
- Several times a day ☐ 5

(b) How much does this bother you?

Please cross as appropriate 0 (not at all) and 10 (a great deal)

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
Not at all										a great deal

7. Do you experience pain/soreness around your back passage? (Cross one box)

- (a)
- Never ☐ 0
- Rarely ☐ 1
- Some of the time ☐ 2
- Most of the time ☐ 3
- Several times a day ☐ 4

(b) How much does this bother you?

Please cross as appropriate 0 (not at all) and 10 (a great deal)

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
Not at all										a great deal

Bowel pattern score: sum scores 3a-7a

Bowel Control

8. Do you experience any staining of your underwear or need to wear pads because of bowels? (Cross one box)

- (a)
- | | |
|------------------------|----------------------------|
| Never | ☐ 0 |
| Less than once a month | ☐ 1 |
| Less than once a week | ☐ 2 |
| Less than once a day | ☐ 3 |
| Every day | ☐ 4 |

(b) How much does this bother you?

Please cross as appropriate 0 (not at all) and 10 (a great deal)

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
Not at all										a great deal

9. Are you able to control watery or loose stool leaking from your back passage? (Cross one box)

- (a)
- | | |
|------------------|----------------------------|
| Always | ☐ 0 |
| Most of the time | ☐ 1 |
| Some of the time | ☐ 2 |
| Rarely | ☐ 3 |
| Never | ☐ 4 |

(b) How much does this bother you?

Please cross as appropriate 0 (not at all) and 10 (a great deal)

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
Not at all										a great deal

10. Are you able to control accidental loss of formed or solid stool from your back passage? (Cross one box)

- (a)
- | | |
|------------------|----------------------------|
| Always | ☐ 0 |
| Most of the time | ☐ 1 |
| Some of the time | ☐ 2 |
| Rarely | ☐ 3 |
| Never | ☐ 4 |

(b) How much does this bother you?

Please cross as appropriate 0 (not at all) and 10 (a great deal)

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
Not at all										a great deal

11. Are you able to control wind (flatus) escaping from your back passage? (Cross one box)

- (a)
- | | |
|------------------|----------------------------|
| Always | ☐ 0 |
| Most of the time | ☐ 1 |
| Some of the time | ☐ 2 |
| Rarely | ☐ 3 |
| Never | ☐ 4 |

(b) How much does this bother you?

Please cross as appropriate 0 (not at all) and 10 (a great deal)

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
Not at all									a great deal	

12. Are you able to control mucus (discharge) leaking from your back passage? (Cross one box)

- (a)
- | | |
|------------------|----------------------------|
| Always | ☐ 0 |
| Most of the time | ☐ 1 |
| Some of the time | ☐ 2 |
| Rarely | ☐ 3 |
| Never | ☐ 4 |

(b) How much does this bother you?

Please cross as appropriate 0 (not at all) and 10 (a great deal)

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
Not at all									a great deal	

13. Do you have bowel accidents when you have no need to open your bowels? (Cross one box)

- (a)
- | | |
|------------------|----------------------------|
| Never | ☐ 0 |
| Rarely | ☐ 1 |
| Some of the time | ☐ 2 |
| Most of the time | ☐ 3 |
| Always | ☐ 4 |

(b) How much does this bother you?

Please cross as appropriate 0 (not at all) and 10 (a great deal)

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
Not at all									a great deal	

14. Are your bowel accidents or leakages unpredictable? (Cross one box)

- | | |
|------------------|----------------------------|
| | (a) |
| Never | ☐ 0 |
| Rarely | ☐ 1 |
| Some of the time | ☐ 2 |
| Most of the time | ☐ 3 |
| Always | ☐ 4 |

(b) How much does this bother you?

Please cross as appropriate 0 (not at all) and 10 (a great deal)

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
Not at all										a great deal

Bowel control score: sum scores 8a-14a

Other bowel symptoms

15. Using the pictures please indicate how your bowel movements are most of the time? (Cross one box)

Separate hard lumps like nuts (hard to pass)



Sausage-shaped but lumpy



Like a sausage but with cracks on its surface



Like a sausage or snake – smooth and soft



Soft blobs with clear cut edges (easy to pass)



Fluffy pieces with ragged edges, a mushy stool



Watery, no solid pieces



(b) How much does this bother you?

Please cross as appropriate 0 (not at all) and 10 (a great deal)

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
Not at all										a great deal

16. Do you need to strain to open your bowels? (Cross one box)

- (a)
- Never ☐ 0
- Rarely ☐ 1
- Some of the time ☐ 2
- Most of the time ☐ 3
- Always ☐ 4

(b) How much does this bother you?

Please cross as appropriate 0 (not at all) and 10 (a great deal)

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
Not at all										a great deal

17. Is the possibility of having a bowel accident on your mind? (Cross one box)

- (a)
- Never ☐ 0
- Rarely ☐ 1
- Some of the time ☐ 2
- Most of the time ☐ 3
- Always ☐ 4

(b) How much does this bother you?

Please cross as appropriate 0 (not at all) and 10 (a great deal)

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
Not at all										a great deal

Sexual impact

18. Do you restrict your sexual activity because of your bowels? (Cross one box)

- (a)
- Never ☐ 0
- Rarely ☐ 1
- Some of the time ☐ 2
- Most of the time ☐ 3
- Always ☐ 4
- Not applicable ☐ 5

(b) How much does this bother you?

Please cross as appropriate 0 (not at all) and 10 (a great deal)

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
Not at all										a great deal

Quality of Life

19. Do your bowels cause you to feel embarrassed? (Cross one box)

- (a)
- | | |
|------------------|----------------------------|
| Never | ☐ 0 |
| Rarely | ☐ 1 |
| Some of the time | ☐ 2 |
| Most of the time | ☐ 3 |
| Always | ☐ 4 |

(b) How much does this bother you?

Please cross as appropriate 0 (not at all) and 10 (a great deal)

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
Not at all									a great deal	

20. Do your bowels cause you to make sure you know where toilets are? (Cross one box)

- (a)
- | | |
|------------------|----------------------------|
| Never | ☐ 0 |
| Rarely | ☐ 1 |
| Some of the time | ☐ 2 |
| Most of the time | ☐ 3 |
| Always | ☐ 4 |

(b) How much does this bother you?

Please cross as appropriate 0 (not at all) and 10 (a great deal)

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
Not at all									a great deal	

21. Do your bowels cause you to make plans according to your bowels? (Cross one box)

- (a)
- | | |
|------------------|----------------------------|
| Never | ☐ 0 |
| Rarely | ☐ 1 |
| Some of the time | ☐ 2 |
| Most of the time | ☐ 3 |
| Always | ☐ 4 |

(b) How much does this bother you?

Please cross as appropriate 0 (not at all) and 10 (a great deal)

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
Not at all									a great deal	

22. Do your bowels cause you to stay home more than you would like? (Cross one box)

- (a)
- | | |
|------------------|----------------------------|
| Never | ☐ 0 |
| Rarely | ☐ 1 |
| Some of the time | ☐ 2 |
| Most of the time | ☐ 3 |
| Always | ☐ 4 |

(b) How much does this bother you?

Please cross as appropriate 0 (not at all) and 10 (a great deal)

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
Not at all					a great deal					

23. Overall, how much do your bowels interfere with your everyday life? (Cross one box)

Please cross as appropriate 0 (not at all) and 10 (a great deal)

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
Not at all					a great deal					

Quality of life score: sum scores 19a-23

24. Please use the space below to describe any worries you have about bowel accidents or leakages, what you think may have caused your bowel accidents or leakages, or anything else you think we should know?

Thank you very much for answering these questions.

ICIQ-B Reference

Cotterill N, Norton, C Avery KN, Donovan JL. (2011) Psychometric evaluation of a new patient completed questionnaire for evaluating incontinence symptoms and impact on quality of life. The ICIQ-B. Diseases of the Colon and Rectum. 54(10): 1235-50