Rockwood Quality of Life with Faecal Incontinence (FIQL score)

Date of Evaluation: _____/_____/ 20____ Patient ID:_____

Follow-up:

Baseline ❑

Post optimization ❑

OFFICE USE ONLY:

Lifestyle _____

Coping/Behaviour _____

Depression/Self Perception _____

Embarrassment _____

1. In general, would you say your health is:

Excellent ❑
Very Good ❑
Good ❑
Fair ❑
Poor ❑

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 N/A).

1 = Most of the time 2 = Some of the time 3 = A little of the time 4 = None of the time

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

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 N/A)

1 = Most of the time 2 = Some of the time 3 = A little of the time 4 = None of the time

a. I feel ashamed	❑ 1	❑ 2	❑ 3	❑ 4	❑ N/A
b. I can not do many of the things I want to do	❑ 1	❑ 2	❑ 3	❑ 4	❑ N/A
c. I worry about bowel accidents	❑ 1	❑ 2	❑ 3	❑ 4	❑ N/A
d. I feel depressed	❑ 1	❑ 2	❑ 3	❑ 4	❑ N/A
e. I worry about others smelling stool on me	❑ 1	❑ 2	❑ 3	❑ 4	❑ N/A
f. I feel like I am not a healthy person	❑ 1	❑ 2	❑ 3	❑ 4	❑ N/A
g. I enjoy life less	❑ 1	❑ 2	❑ 3	❑ 4	❑ N/A
h. I have sex less often than I would like to	❑ 1	❑ 2	❑ 3	❑ 4	❑ N/A
i. I feel different from other people	❑ 1	❑ 2	❑ 3	❑ 4	❑ N/A
j. The possibility of bowel accidents is always on my mind	❑ 1	❑ 2	❑ 3	❑ 4	❑ N/A
k. I am afraid to have sex	❑ 1	❑ 2	❑ 3	❑ 4	❑ N/A
l. I avoid traveling by plane or train	❑ 1	❑ 2	❑ 3	❑ 4	❑ N/A
m. I avoid going out to eat	❑ 1	❑ 2	❑ 3	❑ 4	❑ N/A
n. Whenever I go someplace new, I specifically locate where the bathrooms are	❑ 1	❑ 2	❑ 3	❑ 4	❑ N/A

4. During the past month, have you felt sad, discouraged, hopeless, or had so many problems that you wondered if anything was worthwhile?

- ❑ Extremely so – To the point that I have just about given up
- ❑ Very much so
- ❑ Quite a bit
- ❑ Some – Enough to bother me
- ❑ A little bit
- ❑ Not at all

Scale Scoring

Scales range from 1 to 5, with a 1 indicating a lower functional status of quality of life. Scale scores are the average (mean) response to all items in the scale (e.g., add the responses to all questions in a scale together and then divide by the number of items in the scale. Not Apply is coded as a missing value in the analysis for all questions.)
Scale 1. Lifestyle, ten items: Q2a Q2b Q2c Q2d Q2e Q2g Q2h Q3b Q31 Q3m
Scale 2. Coping/Behaviour, nine items: Q2f Q2i Q2j Q2k Q2m Q3d Q3h Q3j Q3n
Scale 3. Depression/Self Perception, seven items: Q1 Q3d Q3f Q3g Q3i Q3k Q4, (Question 1 is reverse coded.)
Scale 4. Embarrassment, three items: Q21 Q3a Q3e