

IDNEW (4-digit ID number unrelated to original study ID number): _____

Site: _____

Ctxvisno (visit time): ☐ 6 Weeks☐ 6 Months

Note: Item numbers consist of a 3-character code that identifies the file (FIS) followed by the original label of the item.

Thank you for answering those questions for me. In this next section I am going to ask you a series of questions about problems that you might experience with your bowels. Again, please pick the answer that best describes your situation.

SECTION B

FISB01. How often do you have a strong desire to move your bowels which makes you rush to the toilet?

1

Never

2

Rarely

3

Sometimes

4

Often

5

Always

FISB02. How often in the past month have you experienced any amount of accidental bowel leakage that consisted of solid stool?

1

Never

→ Skip to
FISB03**2**1 to 3
Times a
Month**3**Once a
Week**4**2 or More
Times a
Week**5**

Once a Day

62 or More
Times a
Day

FISC01. Do you lose any solid stool when coughing or sneezing?

1

Never

2

Rarely

3

Sometimes

4

Often

5

Always

FISC02. Do you lose any solid stool when walking?

1

Never

2

Rarely

3

Sometimes

4

Often

5

Always

FISC03. Besides coughing, sneezing, and walking, do you lose any solid stool during the rest of the day or night?

1

Never

2

Rarely

3

Sometimes

4

Often

5

Always

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FISB03. How often in the past month have you experienced any amount of accidental bowel leakage that consisted of liquid stool?

| | | | | | |
|--|--|----------------------------|--|------------------------|---|
| 1 Never → Skip to FISB04 | 2 1 to 3 Times a Month | 3 Once a Week | 4 2 or More Times a Week | 5 Once a Day | 6 2 or More Times a Day |
|--|--|----------------------------|--|------------------------|---|

FISC04. When you leak stool, how often is it liquid or watery?

| | | | | |
|-------------------|--------------------|-----------------------|-------------------|--------------------|
| 1 Never | 2 Rarely | 3 Sometimes | 4 Often | 5 Always |
|-------------------|--------------------|-----------------------|-------------------|--------------------|

FISC05. Do you lose any liquid stool when coughing or sneezing?

| | | | | |
|-------------------|--------------------|-----------------------|-------------------|--------------------|
| 1 Never | 2 Rarely | 3 Sometimes | 4 Often | 5 Always |
|-------------------|--------------------|-----------------------|-------------------|--------------------|

FISC06. Do you lose any liquid stool when walking?

| | | | | |
|-------------------|--------------------|-----------------------|-------------------|--------------------|
| 1 Never | 2 Rarely | 3 Sometimes | 4 Often | 5 Always |
|-------------------|--------------------|-----------------------|-------------------|--------------------|

FISC07. Besides coughing, sneezing, and walking, do you lose any liquid stool during the rest of the day or night?

| | | | | |
|-------------------|--------------------|-----------------------|-------------------|--------------------|
| 1 Never | 2 Rarely | 3 Sometimes | 4 Often | 5 Always |
|-------------------|--------------------|-----------------------|-------------------|--------------------|

FISB04. How often in the past month have you experienced any amount of accidental bowel leakage that consisted of mucus?

| | | | | | |
|-------------------|--|----------------------------|--|------------------------|---|
| 1 Never | 2 1 to 3 Times a Month | 3 Once a Week | 4 2 or More Times a Week | 5 Once a Day | 6 2 or More Times a Day |
|-------------------|--|----------------------------|--|------------------------|---|

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FISB05. How often in the past month have you experienced any amount of accidental bowel leakage that consisted of gas?

| | | | | | |
|--|--|----------------------------|--|------------------------|---|
| 1 Never → Skip to FISB06 | 2 1 to 3 Times a Month | 3 Once a Week | 4 2 or More Times a Week | 5 Once a Day | 6 2 or More Times a Day |
|--|--|----------------------------|--|------------------------|---|

FISC08. Do you lose any gas when coughing or sneezing?

| | | | | |
|-------------------|--------------------|-----------------------|-------------------|--------------------|
| 1 Never | 2 Rarely | 3 Sometimes | 4 Often | 5 Always |
|-------------------|--------------------|-----------------------|-------------------|--------------------|

FISC09. Do you lose any gas when walking?

| | | | | |
|-------------------|--------------------|-----------------------|-------------------|--------------------|
| 1 Never | 2 Rarely | 3 Sometimes | 4 Often | 5 Always |
|-------------------|--------------------|-----------------------|-------------------|--------------------|

FISC10. Besides coughing, sneezing, and walking, do you lose any gas during the rest of the day or night?

| | | | | |
|-------------------|--------------------|-----------------------|-------------------|--------------------|
| 1 Never | 2 Rarely | 3 Sometimes | 4 Often | 5 Always |
|-------------------|--------------------|-----------------------|-------------------|--------------------|

FISC11. Do you have difficulty controlling gas?

| | | | | |
|-------------------|--------------------|-----------------------|-------------------|--------------------|
| 1 Never | 2 Rarely | 3 Sometimes | 4 Often | 5 Always |
|-------------------|--------------------|-----------------------|-------------------|--------------------|

Thank you very much. Your answers to these questions are very important to us.

FOR COORDINATOR USE ONLY:

FISB06. Were all answers to FISB01-FISB05 “Never”?

1. ☐ Yes

2. ☐ No

If “Yes,” SKIP SECTION D AND CONTINUE TO NEXT FORM.

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Some women find that their bowel symptoms affect their activities, relationships and feelings. The next set of questions has to do with areas in your life which may have been affected by your bowel symptoms. Please tell me the one answer that best describes you and your situation.

FISD01. How much do you think your bowel problem affects your life?

| | | | | |
|------------------------|--------------------------|------------------------|-------------------------|-----------------------|
| 1 Not at all | 2 A little bit | 3 Moderately | 4 Quite a bit | 5 Extremely |
|------------------------|--------------------------|------------------------|-------------------------|-----------------------|

FISD02. How often do you move your bowels each day?

| | | | | | |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------------|--------------------------------|--|
| 1 1-2 times a day | 2 3-4 times a day | 3 5-6 times a day | 4 7 or more times a day | 5 Every other day | 6 Less than every other day |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------------|--------------------------------|--|

FISD03. Do you have difficulty wiping clean after you have moved your bowels?

| | | | | |
|-------------------|--------------------|-----------------------|-------------------|--------------------|
| 1 Never | 2 Rarely | 3 Sometimes | 4 Often | 5 Always |
|-------------------|--------------------|-----------------------|-------------------|--------------------|

FISD04. What percent of your bowel movements are hard or little balls?

| | | | | |
|----------------------------|-------------------------------|-------------------------------|-------------------------------|---------------------------------|
| 1 0 (0 – 10%) | 2 25% (11 – 35%) | 3 50% (36 – 60%) | 4 75% (61 – 85%) | 5 100% (86 – 100%) |
|----------------------------|-------------------------------|-------------------------------|-------------------------------|---------------------------------|

FISD05. What percent of your bowel movements are loose or watery?

| | | | | |
|----------------------------|-------------------------------|-------------------------------|-------------------------------|---------------------------------|
| 1 0 (0 – 10%) | 2 25% (11 – 35%) | 3 50% (36 – 60%) | 4 75% (61 – 85%) | 5 100% (86 – 100%) |
|----------------------------|-------------------------------|-------------------------------|-------------------------------|---------------------------------|

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We now have questions about whether you have a problem with your bowels that limits your activities.

Role limitations

FISD06. Do you have a problem with your bowels that affects doing jobs within the home?

1
Yes**2**
No → **SKIP TO FISD07**

FISD06a. If so, how often does it affect you?

1
Never**2**
Rarely**3**
Sometimes**4**
Often**5**
Always

FISD07. Do you have a problem with your bowels that affects your job, or your normal daily activities outside the home?

1
Yes**2**
No → **SKIP TO FISD08**

FISD07a. If so, how often does it affect you?

1
Never**2**
Rarely**3**
Sometimes**4**
Often**5**
AlwaysPhysical /social limitations

FISD08. Do you have a problem with your bowels that affects your ability to travel?

1
Yes**2**
No → **SKIP TO FISD09**

FISD08a. If so, how often does it affect you?

1
Never**2**
Rarely**3**
Sometimes**4**
Often**5**
Always

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FISD09. Do you have a problem with your bowels that affects your physical activities (such as going for a walk, running, sport, gym etc)?

1
Yes

2
No → **SKIP TO FISD10**

FISD09a. If so, how often does it affect you?

1
Never

2
Rarely

3
Sometimes

4
Often

5
Always

FISD10. Do you have a problem with your bowels that limits your social life?

1
Yes

2
No → **SKIP TO FISD11**

FISD10a. If so, how often, does it affect you?

1
Never

2
Rarely

3
Sometimes

4
Often

5
Always

FISD11. Do you have a problem with your bowels that limits your ability to see and visit friends?

1
Yes

2
No → **SKIP TO FISD12**

FISD11a. If so, how often does it affect you?

1
Never

2
Rarely

3
Sometimes

4
Often

5
Always

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Ctxvisno (visit time): ☐ 6 Weeks☐ 6 MonthsPersonal relationships:

FISD12. Do you have a problem with your bowels that affects your relationship with your partner?

1
Yes**2**
No
→ **SKIP TO FISD13****8**
Not applicable
→ **SKIP TO FISD13**

FISD12a. If yes, how often does it affect your relationship?

1
Never**2**
Rarely**3**
Sometimes**4**
Often**5**
Always

FISD13. Do you have a problem with your bowels that affects your family life?

1
Yes**2**
No
→ **SKIP TO FISD14****8**
Not applicable
→ **SKIP TO FISD14**

FISD13a. If so, how often does it affect your family life?

1
Never**2**
Rarely**3**
Sometimes**4**
Often**5**
Always**8**
Not ApplicableEmotions

FISD14. Do you have a problem with your bowels that makes you feel depressed?

1
Yes**2**
No → **SKIP TO FISD15**

FISD14a. If yes, how often does it affect you?

1
Never**2**
Rarely**3**
Sometimes**4**
Often**5**
Always

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FISD15. Do you have a problem with your bowels that makes you feel anxious or nervous?

1

Yes

2No → **SKIP TO FISD16**

FISD15a. If yes, how often does it affect you?

1

Never

2

Rarely

3

Sometimes

4

Often

5

Always

FISD16. Do you have a problem with your bowels that makes you feel bad about yourself? (For example, embarrassed)?

1

Yes

2No → **SKIP TO FISD17**

FISD16a. If yes, how often does it affect you?

1

Never

2

Rarely

3

Sometimes

4

Often

5

Always

Sleep/energy

FISD17. Do you have a problem with your bowels that affects your sleep?

1

Yes

2No → **SKIP TO FISD18**

FISD17a. If so, how often does it affect your sleep?

1

Never

2

Rarely

3

Sometimes

4

Often

5

Always

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FISD18. Do you have a problem with your bowels that makes you feel worn out and tired?

1

Yes

2No → **SKIP TO FISD19**

FISD18a. If yes, how often does it affect you?

1

Never

2

Rarely

3

Sometimes

4

Often

5

Always

Sexual Activity

The next set of items covers material that is very sensitive and personal. Specifically, these questions ask about matters related to your sexual activity. While we hope you are willing to answer all of the questions, if there are any questions you would prefer not to answer, you are free to skip them.

FISD19. Are you sexually active?

1

Yes

**GO TO FISD19a****2**No,
have not attempted**SKIP TO FISD19b****3**No,
attempted but not
currently sexually active**GO TO FISD19a**FISD19a. When did you resume sexual activity? _____ weeks after delivery → **SKIP to FISD20**

FISD19b. If “No,” why have you not resumed sexual activity?

1Not allowed by
clinician yet→ **SKIP TO FISD24****2**Too tired
→ **SKIP TO FISD24****3**Too painful
→ **SKIP TO FISD24****8**

Other (Specify FISD19bo): _____

→ **SKIP TO FISD24**

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FISD20. Do you have a problem with your bowels that affects your sex life?

1
Yes**2**
No
→ **SKIP TO FISD24****8**
Not applicable
→ **SKIP TO FISD24**

FISD20a. If so, how often does it affect your sex life?

1
Never**2**
Rarely**3**
Sometimes**4**
Often**5**
Always

FISD21. Do you lose any gas during or after sexual activity?

1
Never**2**
Rarely**3**
Sometimes**4**
Often**5**
Always

FISD22. Do you lose any stool during or after sexual activity?

1
Never**2**
Rarely**3**
Sometimes**4**
Often**5**
Always

FISD23. Do you lose any urine during or after sexual activity?

1
Never**2**
Rarely**3**
Sometimes**4**
Often**5**
Always

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Ctxvisno (visit time): ☐ 6 Weeks☐ 6 Months**Now we have some questions about changes in your lifestyle that you may have made.**Lifestyle Adaptation

FISD24. Do you wear pads to keep clean because of a problem with your bowels?

1
Yes**2**
No → **SKIP TO FISD25**

FISD24a. If yes, how often do you wear pads?

1
Never**2**
Rarely**3**
Sometimes**4**
Often**5**
Always

FISD25. Are you careful about how much food you eat because of a problem with your bowels?

1
Yes**2**
No → **SKIP TO FISD26**

FISD25a. If yes, how often are you careful about how much food you eat?

1
Never**2**
Rarely**3**
Sometimes**4**
Often**5**
Always

FISD26. Do you change your underclothes because they get dirty due to a problem with your bowels?

1
Yes**2**
No → **SKIP TO FISD27**

FISD26a. If yes, how often do you change your underclothes for this reason?

1
Never**2**
Rarely**3**
Sometimes**4**
Often**5**
Always

FISD27. Do you worry about odor because of a problem with your bowels?

1
Yes**2**
No → **SKIP TO FISD28**

FISD27a. If yes, how often do you worry about it?

1
Never**2**
Rarely**3**
Sometimes**4**
Often**5**
Always

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Ctxvisno (visit time): ☐ 6 Weeks☐ 6 Months

FISD28. Do you get embarrassed because of a problem with your bowels?

1
Yes**2**
No → **SKIP TO FISD29**

FISD28a. If yes, how often do you get embarrassed?

1
Never**2**
Rarely**3**
Sometimes**4**
Often**5**
AlwaysMedical

FISD29. Did you bring any of your bowel symptoms to the attention of your clinician?

1
Yes**2**
No

FISD30. Have you received treatment for your bowel symptoms?

1
Yes**2**
No → **SKIP TO FISD31**

FISD30a. If "Yes," please specify:

1
Medical**2**
Behavioral**3**
Pelvic
Muscle
Exercise**4**
Surgical (Specify FISD30as): _____**5**
Other (Specify FISD30ao): _____

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FISD31. Do you have any comments related to pelvic floor problems that are important to you which have not been covered?

Thank you for your time! I appreciate you going through those questions with me. Your answers are very important to our research.