CAPS

Pelvic Floor Diosorder Network

IDNEW (4-digit ID number unrelated Ctxvisno (visit time): 6 Weeks			Site:	
Note: Item numbers consist of a 3-cl	naracter code that identifies th	e file (FIS) followed by the o	original label of the item	
Thank you for answering the about problems that you mit your situation.				
SECTION B				
FISB01. How often do your state of the second secon	ou have a strong desire 2 Rarely	to move your bowels 3 Sometimes	which makes you 4 Often	rush to the toilet? 5 Always
FISB02. How often in the consisted of soli	e past month have you d stool?	experienced any amo	unt of accidental l	powel leakage that
1	2	3 4	5	6
Never		nce a 2 or M		•
→ Skip to FISB03	Times a W	Veek Times Weel		Times a Day
FISC01. Do you l	ose any solid stool wh	en coughing or sneezi	ing?	
1 Never	2 Rarely	3 Sometimes	4 Often	5 Always
FISC02. Do you l	ose any solid stool wh	en walking?		
1	2	3	4	5
Never	Rarely	Sometimes	Often	Always
FISC03. Besides day or night	coughing, sneezing, an?	id walking, do you los	se any solid stool o	during the rest of the
1	2	3	4	5
Never	Rarely	Sometimes	Often	Always

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Never

FISC06.

Rarely

Do you lose any liquid stool when walking?

Always

II	(visit time):		number):	Sit	e:	
FISB(3. How often in	n the past month hav liquid stool?	ve you experienc	eed any amount of	f accidental boy	vel leakage that
	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 Da	2 or More Times a Day
	FISC04. V	When you leak stool, ver 2 Rarel		3	4 Often	5 Always
	FISC05.	Oo you lose any liqu	id stool when co	oughing or sneezir	ng?	

1 Never 2 Sometimes 4 Often 5 Always

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

Sometimes

Often

the day or night?

1 2 3 4 5
Never Rarely Sometimes Often Always

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

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

FISB06.

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	(4-digit ID number unrelated (visit time): \Box 6 We	ated to original study ID neeks	umber):		Site:		
Otavisiio							
FISB0	5. How often in consisted of §	the past month hav	e you experien	ced any amou	ant of accident	tal bowel lea	kage that
	1 Never → Skip to FISB06	2 1 to 3 Times a Month	3 Once a Week	4 2 or Mo Times Week	a	5 ee a Day	6 2 or More Times a Day
	FISC08. Do yo	ou lose any gas who		sneezing? 3 netimes	4 Often	5 Alw	
	FISC09. Do yo	ou lose any gas whe		3 eetimes	4 Often	5 Alw	
	FISC10. Besid night	les coughing, sneez?	ing, and walkin	g, do you loso	e any gas durin	ng the rest of	
	FISC11. Do yo	ou have difficulty c	<u> </u>	netimes	Often	Alw	
TOTAL 1	Neve			aetimes	4 Often	5 Alw	
ınank	you very much.	Your answers to the	ese questions are	e very import	ant to us.		
		FOR (COORDINATO	OR USE ON	LY:		

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

ı. 🗆 Yes

2. No

Were all answers to FISB01-FISB05 "Never"?

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SECTION D: To be completed ONLY if the answer to question FISB06 is "No".

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?

0

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%) 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?

 $\begin{array}{|c|c|}\hline 1 \\ Yes \end{array} \qquad \begin{array}{|c|c|}\hline 2 \\ No \rightarrow SKIP\ TO\ FISD07 \end{array}$

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

1 Never Sometimes Often 5 Always

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

 $\begin{array}{ccc}
1 & 2 \\
\text{No} \rightarrow \text{SKIP TO FISD08}
\end{array}$

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

1
Never2
Rarely3
Sometimes4
Often5
Always

Physical /social limitations

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

 $\begin{array}{|c|c|c|}
\hline
1 & & & & 2 \\
Yes & & No \rightarrow SKIP TO FISD09
\end{array}$

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

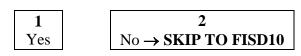
1 Never Sometimes Sometimes 5 Always

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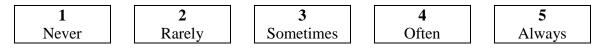
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6 Months	

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



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



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

$$\begin{array}{c|c}
1 & 2 \\
\text{Yes} & \text{No} \rightarrow \text{SKIP TO FISD11}
\end{array}$$

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

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

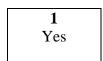
$$\begin{array}{c|c}
1 & 2 \\
Yes & No \rightarrow SKIP TO FISD12
\end{array}$$

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

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Personal relationships:

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



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 Applicable

Emotions

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

1 Yes $\begin{array}{c}
2\\
\text{No} \rightarrow \text{SKIP TO FISD15}
\end{array}$

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?

 $\begin{array}{c|c} 1 & 2 \\ \text{Yes} & \text{No} \rightarrow \textbf{SKIP TO FISD16} \end{array}$

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

1
Never2
Rarely3
Sometimes4
Often5
Always

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

 $\begin{array}{|c|c|c|}
\hline
1 & 2 \\
\text{No} \rightarrow \textbf{SKIP TO FISD17}
\end{array}$

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

1
Never2
Rarely3
Sometimes4
Often5
Always

Sleep/energy

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

 $\begin{array}{|c|c|}\hline 1 \\ Yes \end{array} \qquad \begin{array}{|c|c|}\hline 2 \\ No \rightarrow SKIP \ TO \ FISD18 \end{array}$

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

1
Never2
Rarely3
Sometimes4
Often5
Always

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



$$\begin{array}{c}
2\\
\text{No} \rightarrow \text{SKIP TO FISD19}
\end{array}$$

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

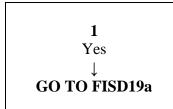
1 Never 2 Rarely 3 Sometimes 4 Often

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?



No,
have not attempted

SKIP TO FISD19b

No,
attempted but not
currently sexually active

GO TO FISD19a

FISD19a. When did you resume sexual activity? _____ weeks after delivery \rightarrow SKIP to FISD20

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

Not allowed by clinician yet

→ SKIP TO FISD24

2
Too tired
→ SKIP TO FISD24

3
Too painful
→ SKIP TO FISD24

8
Other (Specify FISD19bo):_____

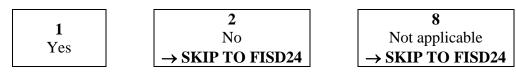
→ SKIP TO FISD24

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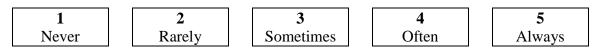
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	☐ 6 Months	

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



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



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

1	2	2	1	E
1	4	3	-	3
Never	Rarely	Sometimes	Often	Always

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

1	2	3	4	5
Never	Rarely	Sometimes	Often	Always

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

1	2		3	4	5
Never	Rarely		Sometimes	Often	Always
		-			

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IDNEW (4-digit ID number unrelated to original study ID number): Site: Ctxvisno (visit time):
Now we have some questions about changes in your lifestyle that you may have made.
<u>Lifestyle Adaptation</u>
FISD24. Do you wear pads to keep clean because of a problem with your bowels?
$ \begin{array}{c c} 1 \\ Yes \end{array} \text{No} \rightarrow \textbf{SKIP TO FISD25} $
FISD24a. If yes, how often do you wear pads?
1 Never2 Rarely3 Sometimes4 Often5 Always
FISD25. Are you careful about how much food you eat because of a problem with your bowels?
$ \begin{array}{c c} 1 & 2 \\ \text{Yes} & \text{No} \rightarrow \text{SKIP TO FISD26} \end{array} $
FISD25a. If yes, how often are you careful about how much food you eat?
1 Never2 Rarely3 Sometimes4 Often5 Always
FISD26. Do you change your underclothes because they get dirty due to a problem with your bowels?
$ \begin{array}{c c} 1 & 2 \\ \text{Yes} & \text{No} \rightarrow \textbf{SKIP TO FISD27} \end{array} $
FISD26a. If yes, how often do you change your underclothes for this reason?
1 Never2 Rarely3 Sometimes4 Often5 Always
FISD27. Do you worry about odor because of a problem with your bowels?
$ \begin{array}{c c} 1 & 2 \\ \text{Yes} & \text{No} \rightarrow \text{SKIP TO FISD28} \end{array} $
FISD27a. If yes, how often do you worry about it?
1 Never2 Rarely3 Sometimes4 Often5 Always

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

1 Yes $\begin{array}{c}
2\\
\text{No} \rightarrow \text{SKIP TO FISD29}
\end{array}$

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

1 Never 2 Rarely

3 Sometimes **4** Often

5 Always

Medical

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 $\begin{array}{c}
2\\
\text{No} \rightarrow \text{SKIP TO FISD31}
\end{array}$

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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	igit ID number unrelated to original study ID number): Site: Site: 6 Months
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.