

Name: _____ Date: _____

Contenance Grading Scale: A Symptom Index

Incontinence for Solid Stool

0. Never (no episodes in the past 4 weeks)
1. Rarely (1 episode in the past 4 weeks)
2. Sometimes (more than 1 episode in the past 4 weeks but less than once per week)
3. Weekly (1 or more episodes per week but less than daily)
4. Daily (1 or more episodes per day)

Incontinence for Liquid Stool

0. Never (no episodes in the past 4 weeks)
1. Rarely (1 episode in the past 4 weeks)
2. Sometimes (more than 1 episode in the past 4 weeks but less than once per week)
3. Weekly (1 or more episodes per week but less than daily)
4. Daily (1 or more episodes per day)

Incontinence for Gas

0. Never (no episodes in the past 4 weeks)
1. Rarely (1 episode in the past 4 weeks)
2. Sometimes (more than 1 episode in the past 4 weeks but less than once per week)
3. Weekly (1 or more episodes per week but less than daily)
4. Daily (1 or more episodes per day)

Alteration in Lifestyle

0. Never (no episodes in the past 4 weeks)
1. Rarely (1 episode in the past 4 weeks)
2. Sometimes (more than 1 episode in the past 4 weeks but less than once per week)
3. Weekly (1 or more episodes per week but less than daily)
4. Daily (1 or more episodes per day)

Need to Wear Pad or Plug

0. No
2. Yes

Taking Constipation Medicines

0. No
2. Yes

Lacking the Ability to Defer Defecation for 15 minutes

0. No
2. Yes