

Colorectal Functional Outcome Questionnaire

Score each question:

- 1: No, Never
- 2: Yes, less than once per week
- 3: Yes, 1-2 days per week
- 4: Yes, 3-5 days per week
- 5: Yes, 6-7 days per week

Part A: Incontinence	Score (1-5)
Have you unintentionally passed wind?	
Have you unintentionally passed liquid stools during the day?	
Have you unintentionally passed liquid stools during the night?	
Have you unintentionally passed solid stools during the day?	
Have you unintentionally passed solid stools during the night?	
Have you had a smear of feces in your underwear during the day?	
Have you had a smear of feces in your underwear, pajamas or nightgown at the end of the night?	
Was it difficult to distinguish between passing wind and a bowel movement?	
Have you used something to protect your underwear, such as sanitary towels, panty liners, or nappies?	
Total:	

Part B: Social Impact	Score (1-5)
If you needed to go urgently, did you have trouble stopping your bowel movement for longer than 15 minutes?	
Have you had a false alarm? (i.e. a need to go without a bowel movement)	
When you went to the toilet, did your bowel movement require more than 15 minutes?	
Did you feel that your bowels were not empty after your bowel movement?	
After your bowel movement, did you have to return to the toilet within 1 hour for a bowel movement?	
Did you adjust your activities to the availability of a toilet?	
Were you limited in your daily activities (i.e. work or housework) due to problems with your bowel movements?	
Were you limited in your social activities (i.e. family visits, visits to the theater, or eating out) due to problems with your bowel movements?	
Were you limited in your sexual activities (with or without sexual intercourse) due to problems with your bowel movements?	
Total:	

Part C: Frequency	Score (1-5)
How many bowel movements have you had during the day?	
How many bowel movements have you had during the night?	
Total:	

Part D: Stool-related Aspects	Score (1-5)
Have you had pain during your bowel movements?	
Have you experienced blood loss during your bowel movements?	
Have you had irritated skin around your anus?	
Total:	

Part E: Need for Medication:	Score (1-5)
Have you used medicine to thicken your stools?	
Have you eaten certain foods on purpose to make your stools thicker or thinner?	
Have you purposely avoided certain foods to prevent your stools from becoming loose or hard?	
Total:	