

**FISI**  
**Fecal Incontinence Severity Index**

Q 1: For each of the following, please indicate on average how often in the past month you experienced any amount of accidental bowel leakage:

	2 or More Times a Day	Once a Day	2 or More Times a Week	Once a Week	1 to 3 Times A Month	Never
a. Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mucus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Liquid Stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Solid Stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Table 1. Surgeon and Patient Ratings of FI (Mean/std, higher score indicates greater severity. Note for calculation of the FISFI scores, the original responses have been reverse coded so that a higher score indicates greater severity, e.g. 1=least severe condition and 20=most severe condition.)

	2 or More Times a Day		Once a Day		2 or More Times a Week		Once a Week		1 to 3 Times A Month	
	Patient	Surgeon	Patient	Surgeon	Patient	Surgeon	Patient	Surgeon	Patient	Surgeon
Gas	12 / 5.7	9 / 4.7	11 / 4.6	8 / 4.5	8 / 3.9	6 / 4.6	6 / 3.2	4 / 4.9	4 / 3.3	2 / 3.9
Mucus	12 / 5.6	11 / 3.8	10 / 4.6	9 / 3.2	7 / 3.8	7 / 2.1	5 / 3.1	7 / 3.7	3 / 3.0	5 / 4.6
Liquid	19 / 1.9	18 / 3.6	17 / 2.4	16 / 2.8	13 / 3.3	14 / 2.7	10 / 3.7	13 / 3.0	8 / 4.1	10 / 4.1
Solid	18 / 2.7	19 / 3.8	16 / 2.4	17 / 3.4	<b>*13 / 2.1</b>	<b>16 / 3.2</b>	<b>*10 / 2.7</b>	<b>14 / 2.9</b>	<b>*8 / 3.1</b>	<b>11 / 3.7</b>

\* Indicates significant difference at the .01 level (Bonferroni adjusted test of means).

\* If respondent answers with 'never' then a score of zero is given.

Rockwood, T. H., J. M. Church, J. W. Fleshman, R. L. Kane, C. Mavrantonis, A. G. Thorson, S. D. Wexner, D. Bliss and A. C. Lowry (1999). "Patient and surgeon ranking of the severity of symptoms associated with fecal incontinence: The fecal incontinence severity index (FISI)." Diseases of the Colon & Rectum **42**(12): 1525-1533.

Scoring Examples:

Q 1: For each of the following, please indicate on average how often in the past month you experienced any amount of accidental bowel leakage:

	2 or More Times a Day	Once a Day	2 or More Times a Week	Once a Week	1 to 3 Times A Month	Never
a. Gas	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mucus	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Liquid Stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
d. Solid Stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X

SCORING:

TYPE	PATIENT SCORING	SURGEON SCORING
GAS (2X+DAY)	12	9
MUCUS (2X WEEK)	7	7
LIQUID (1-3 MONTH)	8	10
SOLID (NEVER)	0	0
SCORE	27	26

	2 or More Times a Day	Once a Day	2 or More Times a Week	Once a Week	1 to 3 Times A Month	Never
a. Gas	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mucus	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Liquid Stool	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Solid Stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>

SCORING:

TYPE	PATIENT SCORING	SURGEON SCORING
GAS (1X DAY)	11	8
MUCUS (1X DAY)	10	9
LIQUID (2X WEEK)	13	14
SOLID (1-3 MONTH)	8	11
SCORE	42	42