

# **Faecal Incontinence Scores**

## **Douglas Wong Score**

### ***1 In the past 4 weeks, how often did you experience accidental bowel leakage or gas?***

- 0 Never
- 1 Rarely (1 x in past 4 weeks)
- 7 Sometimes (>1 x in past 4 weeks but < 1 x week)
- 13 Weekly (>= 1x/week but < 1 x /day)
- 19 Daily (1x /day)
- 25 Several times a Day (>1 x/day)

### ***2 In the past 4 weeks, how often did you experience minor bowel soiling or seepage***

- 0 Never
- 31 Rarely (1 x in past 4 weeks)
- 37 Sometimes (>1 x in past 4 weeks but < 1 x week)
- 43 Weekly (>= 1x/week but < 1 x /day)
- 49 Daily (1x /day)
- 55 Several times a Day (>1 x/day)

### ***3 In the past 4 weeks, how often did you experience significant accidental bowel leakage of liquid stool?***

- 0 Never
- 61 Rarely (1 x in past 4 weeks)
- 73 Sometimes (>1 x in past 4 weeks but < 1 x week)
- 85 Weekly (>= 1x/week but < 1 x /day)
- 97 Daily (1x /day)
- 109 Several times a Day (>1 x/day)

### ***4 In the past 4 weeks, how often did you experience significant accidental bowel leakage of solid stool?***

- 0 Never
- 67 Rarely (1 x in past 4 weeks)
- 79 Sometimes (>1 x in past 4 weeks but < 1 x week)
- 91 Weekly (>= 1x/week but < 1 x /day)
- 103 Daily (1x /day)
- 115 Several times a Day (>1 x/day)

### ***5 In the past 4 weeks, how often has this accidental bowel leakage affected your lifestyle?***

- 0 Never
- 1 Rarely (1 x in past 4 weeks)
- 2 Sometimes (>1 x in past 4 weeks but < 1 x week)
- 3 Weekly (>= 1x/week but < 1 x /day)
- 4 Daily (1x /day)
- 5 Several times a Day (>1 x/day)

highest single value from the responses to question 1 through 4 + value of question number 5

**Table 1** The Pescatori score<sup>3</sup>

A	Incontinence for flatus/mucous	Less than once a week	1	
		At least once a week	2	
		Every day	3	
B	Incontinence for liquid stool	Less than once a week	1	
		At least once a week	2	
		Every day	3	
C	Incontinence for solid stool	Less than once a week	1	
		At least once a week	2	
		Every day	3	
<i>AI degree</i>	<i>Points</i>	<i>AI frequency</i>	<i>Points</i>	<i>AI score</i>
A	1	1	1	2
A	1	2	2	3
A	1	3	3	4
B	2	1	1	3
B	2	2	2	4
B	2	3	3	5
C	3	1	1	4
C	3	2	2	5
C	3	3	3	6

AI score = AI degree + AI frequency.

AI, anal incontinence.

**Table 2** The Wexner score<sup>4</sup>

<i>Type of incontinence</i>	<i>Frequency</i>				
	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Usually</i>	<i>Always</i>
Solid	0	1	2	3	4
Liquid	0	1	2	3	4
Gas	0	1	2	3	4
Wears pad	0	1	2	3	4
Lifestyle alteration	0	1	2	3	4

Never, 0; rarely, <1/month; sometimes, <1/week, ≥1/month; usually, <1/day, ≥1/week; always, ≥1/day. 0, perfect; 20, complete incontinence.

**Table 3** The American Medical Systems score<sup>5</sup>

<i>Over the past four weeks, how often:</i>	<i>Several times daily</i>					
	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Weekly</i>	<i>Daily</i>	<i>daily</i>
Did you experience accidental bowel leakage of gas?	0	1	7	13	19	25
Did you experience minor bowel soiling or seepage?	0	31	37	43	49	55
Did you experience significant accidental bowel leakage of liquid stool?	0	61	73	85	97	109
Did you experience significant accidental bowel leakage of solid stool?	0	67	79	91	103	115
Has this accidental leakage affected your lifestyle?	0	1	2	3	4	5

Several times daily, >1 episode a day; daily, 1 episode a day; weekly, 1 or more episodes a week but <1 a day; sometimes, >1 episode in the past four weeks but <1 a week; rarely, 1 episode in the past four weeks; never, 0 episodes in the past four weeks.

**Table 4** Vaizey Score

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Weekly</i>	<i>Daily</i>
Incontinence for solid stool	0	1	2	3	4
Incontinence for liquid stool	0	1	2	3	4
Incontinence for gas	0	1	2	3	4
Alteration in lifestyle	0	1	2	3	4
				<i>No</i>	<i>Yes</i>
Need to wear a pad or plug				0	2
Taking constipating medicines				0	2
Lack of ability to defer defecation for 15 minutes				0	4

Never, no episodes in the past four weeks;

Rarely, 1 episode in the past four weeks;

Sometimes, >1 episode in the past four weeks but <1 a week;

Weekly, 1 or more episodes a week but <1 a day;

Daily, 1 or more episodes a day.

Add one score from each row: minimum score = 0 = perfect continence; maximum score = 24 = totally incontinent.

Today

- (1) Did you leak, without being aware of it at first? Yes/No
- If yes, was it : gas  (1) small stain  (0.5)  
liquid  (1.5) large stain  (1)  
solid  (2) half an egg cup  (1.5)  
whole motion  (2)
- (2) Did you have great urgency when you felt you would not make it to the toilet in time to open your bowels? Yes/No (1)
- If yes, did you actually lose some stool before getting to the toilet? Yes/No
- If yes, was it: pea sized  (1)  
half an egg cup  (1.5)  
whole motion  (2)
- (3) Did you wear a pad or use a plug of tissue paper? Yes/No (0.5)
- If yes, did it get soiled? Yes/No (0.5)
- (4) Did you take imodium (loperamide), codeine or any other medicine today? Yes/No (1)
- If yes, what \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (5) Did your loss of stool or fear of loss of stool stop you from doing anything? Yes/No (1)