**IMPACT: Bowel Function Assessment Tool, Short Form**

**Name:** __________________________________________  **DOB:** __________

**Directions:** These questions will ask you if you have certain bowel symptoms and, if you do, how much they bother you. While answering, please consider your symptoms over the last 3 months.

**Please think about your typical bowel movements.**

1. Please choose which stool type is most like the shape of your stools.

<table>
<thead>
<tr>
<th>Type 1</th>
<th>Type 2</th>
<th>Type 3</th>
<th>Type 4</th>
<th>Type 5</th>
<th>Type 6</th>
<th>Type 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Square, hard lumps like nuts (hard to pass)</td>
<td>Sausage-shaped but lumpy</td>
<td>Like a sausage, but with cracks on the surface</td>
<td>Like a sausage or snake, smooth and soft</td>
<td>Soft blobs with clear-cut edges</td>
<td>Fluffy pieces with ragged edges, a mushy stool</td>
<td>Watery, no solid pieces, entirely liquid</td>
</tr>
</tbody>
</table>

2. During a typical month, how many times do you usually have an uncomfortable or difficult bowel movement?

<table>
<thead>
<tr>
<th>Never</th>
<th>Daily</th>
<th>A few times per week</th>
<th>Once per week</th>
<th>Once every 2 weeks</th>
<th>Once a month</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

3. Are you having difficulty with having infrequent bowel movements (less than 1 bowel movement every 3 days)?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Severity</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you experience infrequent bowel movements?</td>
<td>How severe is this symptom for you?</td>
<td>How much does this symptom bother you?</td>
</tr>
<tr>
<td>□ Occasionally experience this</td>
<td>□ Not at all severe (I go almost every day)</td>
<td>□ Not at all bothersome</td>
</tr>
<tr>
<td>□ Sometimes experience this</td>
<td>□ Mild</td>
<td>□ A little bothersome</td>
</tr>
<tr>
<td>□ Usually experience this</td>
<td>□ Somewhat severe (I go 1-2 times per week)</td>
<td>□ Somewhat bothersome</td>
</tr>
<tr>
<td>□ Always experience this</td>
<td>□ Severe</td>
<td>□ Very bothersome</td>
</tr>
<tr>
<td></td>
<td>□ Extremely severe (I can go up to 4 weeks without going)</td>
<td>□ Extremely bothersome</td>
</tr>
</tbody>
</table>
### Question 4
Do you ever lack the urge to have a bowel movement?

- **NO** [SKIP TO Q5]
- **YES** [PROCEED]

#### Severity
- **How severe is this for you?**
  - [ ] Not at all severe (I have a pretty good sense when I have to go)
  - [ ] Mild
  - [ ] Somewhat severe (I only have a vague sense that I might have to go)
  - [ ] Severe
  - [ ] Extremely severe (I don’t have any sensation in the pelvic area)

#### Impact
- **How much does this bother you?**
  - [ ] Not at all bothersome
  - [ ] A little bothersome
  - [ ] Somewhat bothersome
  - [ ] Very bothersome
  - [ ] Extremely bothersome

### Question 5
Do you feel you need to strain too hard to have a bowel movement?

- **NO** [SKIP TO Q6]
- **YES** [PROCEED]

#### Frequency
- **How often do you experience this?**
  - [ ] Occasionally experience this
  - [ ] Sometimes experience this
  - [ ] Usually experience this
  - [ ] Always experience this

#### Severity
- **How severe is this for you?**
  - [ ] Not at all severe (I push a little)
  - [ ] Mild
  - [ ] Somewhat severe (I bear down hard)
  - [ ] Severe
  - [ ] Extremely severe (I push on my belly, grunt and bear down very hard)

#### Impact
- **How much does this bother you?**
  - [ ] Not at all bothersome
  - [ ] A little bothersome
  - [ ] Somewhat bothersome
  - [ ] Very bothersome
  - [ ] Extremely bothersome

### Question 6
Do you feel you have not completely emptied your bowels at the end of a bowel movement??

- **NO** [SKIP TO Q7]
- **YES** [PROCEED]

#### Frequency
- **How often do you experience this?**
  - [ ] Occasionally experience this
  - [ ] Sometimes experience this
  - [ ] Usually experience this
  - [ ] Always experience this

#### Severity
- **How severe is this for you?**
  - [ ] Not at all severe (Most of my bowel movement comes out)
  - [ ] Mild
  - [ ] Somewhat severe (There is still a lot of stool in me after a bowel movement)
  - [ ] Severe
  - [ ] Extremely severe (I feel constant pressure in my rectum from stool or keep going back to the bathroom)

#### Impact
- **How much does this bother you?**
  - [ ] Not at all bothersome
  - [ ] A little bothersome
  - [ ] Somewhat bothersome
  - [ ] Very bothersome
  - [ ] Extremely bothersome
The following questions ask about symptoms of constipation. Please SKIP if you do not have constipation. If you have constipation, please indicate how severe your constipation symptoms have been for you during the past 2 weeks.

<table>
<thead>
<tr>
<th></th>
<th>Discomfort in your abdomen</th>
<th>Pain in your abdomen</th>
<th>Bloating in your abdomen</th>
<th>Stomach cramps</th>
<th>Rectal burning during or after a bowel movement</th>
<th>Bowel movements that were too hard</th>
<th>Bowel movements that were too small:</th>
<th>Feeling like you had to pass a bowel movement but you couldn’t (false alarm)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Absent</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
<td>Very Severe</td>
<td>Absent</td>
<td>Mild</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
Do you sometimes have accidental gas or bowel leakage?

- **NO**
  - SKIP TO Q9
- **YES**
  - PROCEED

8A.) Do you usually lose stool beyond your control if your stool is well-formed?

- **NO**
  - SKIP TO 8B
- **YES**
  - PROCEED

8B.) Do you usually lose stool beyond your control if your stool is loose (liquid)?

- **NO**
  - SKIP TO 8C
- **YES**
  - PROCEED

8C.) Do you usually lose gas from the rectum beyond your control?

- **NO**
  - SKIP TO 8D
- **YES**
  - PROCEED

8D.) Do you wear pads because of fear of losing stool?

8E.) Do you take medication to make you more constipated to help with bowel leakage?

8F.) Do you adjust your lifestyle because of concerns for possible accidental bowel leakage (for example: avoid going out; avoid certain foods; avoid sex)?
9. Do you experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?

- **NO** Skip to Q10
- **YES** Proceed

<table>
<thead>
<tr>
<th>Not at all bothersome</th>
<th>A little bothersome</th>
<th>Somewhat bothersome</th>
<th>Very bothersome</th>
<th>Extremely bothersome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

10. Do you usually have pain when you pass your stool?

- **NO** Skip to Q11
- **YES** Proceed

<table>
<thead>
<tr>
<th>Last month</th>
<th>At present</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the last month, on average, how severe was the pain in your rectum/anus?</td>
<td>Rate the level of your rectal/anal pain at the present moment.</td>
<td>How much suffering or bother do you experience because of rectal/anal pain?</td>
</tr>
<tr>
<td>- I haven’t experienced this</td>
<td>- No pain</td>
<td>- None</td>
</tr>
<tr>
<td>- Mild</td>
<td>- Mild</td>
<td>- Mild suffering</td>
</tr>
<tr>
<td>- Somewhat severe</td>
<td>- Somewhat severe</td>
<td>- Somewhat severe suffering</td>
</tr>
<tr>
<td>- Severe</td>
<td>- Severe</td>
<td>- Severe suffering</td>
</tr>
<tr>
<td>- Extremely severe</td>
<td>- Extremely severe</td>
<td>- Extremely severe</td>
</tr>
</tbody>
</table>

11. Does part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement?

- **NO** Skip to Q12
- **YES** Proceed

<table>
<thead>
<tr>
<th>Not at all bothersome</th>
<th>A little bothersome</th>
<th>Somewhat bothersome</th>
<th>Very bothersome</th>
<th>Extremely bothersome</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

12. During the past month, due to your bowel habits, how often have you had bleeding during/after a bowel movement?

<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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