

## Wexner Scale

Please check the box that corresponds with your bowel incontinence.

<b>INCONTINENCE TYPE (STOOL)</b>	<b>NEVER</b>	<b>RARELY</b> Less than once a month	<b>SOMETIMES</b> Less than once a week but more than once a month	<b>USUALLY</b> Less than once a day but greater than once a week	<b>ALWAYS</b> More than once a day
<b>SOLID STOOL</b>					
<b>LIQUID STOOL</b>					
<b>GAS</b>					
<b>WEARS PAD</b>					
<b>LIFESTYLE ALTERED</b>					