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Modified Manchester Questionnaire Validation Study

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OBJECTIVE: To date, no measures of fecal incontinence severity or its impact on quality of life have been validated for telephone interview. The aims of our study were to**:** (1) Compare responses on a self-administered versus a telephone-administered Fecal Incontinence Severity Inventory (FISI). (2) Compare responses on the Fecal Incontinence Quality of Life questionnaire (FIQOL) to the telephone-administered Manchester Health Questionnaire (MHQ) modified for telephone administration and US English. (3) Assess test-retest reliability of the telephone-administered FISI and MHQ. (4) Assess the internal consistency of the MHQ subscales.

METHODS: Fifty-one consecutive female patients evaluated for fecal incontinence were invited to participate. Nine patients were determined to be ineligible and five patients declined. Average age of participants was 49.1±10.3 years vs. 44.2±7.5 years for non-participants. Thirty women returned self-administered questionnaires and 31 completed a first telephone interview. In addition, 21 women completed a second telephone interview for use in test-retest reliability calculations (average interval 23 days).

RESULTS: (1) The FISI was scored using patient-derived weights. FISI scores obtained by telephone interview were significantly lower than those yielded by self-administered questionnaire (9.85±4.19 vs. 6.19±3.09, $p<0.001$). A higher FISI score is associated with more severe fecal incontinence. The results from both administrations had good correlations ($r=0.50$, $p<.02$). (2) To assess the convergent validity of the MHQ relative to the FIQOL, four FIQOL subscales (depression, embarrassment, lifestyle, and coping) plus the FISI were compared to the 8 subscales of the MHQ with which they shared the greatest content. These correlations ranged from 0.49 to 0.91. All correlations were statistically significant, suggesting that the two scales measure the same construct. (3) Test-retest reliability for the 8 MHQ subscales ranged from 0.63 to 0.96 (median $r=0.80$). Test-retest reliability for the two telephone administrations of the FISI was $r=0.75$. (4) Cronbach alphas for the 8 MHQ subscales ranged from 0.67 to 0.93 (median alpha=0.85).

CONCLUSIONS: Telephone-administered versions of the MHQ and the FISI showed good to excellent validity, internal consistency, and test-retest reliability. The telephone-administered version of the FISI yielded lower severity scores than the questionnaire version, but the difference (1.75 units) was not clinically significant (maximum score 61). (Supported by NICHD grants U01 HD41249, U10 HD41268, U10 HD41248, U10 HD41250, U10 HD41261, U10 HD41263, U10 HD41269, U10 HD41267)