**Supplemental Table 8**. Considerations considered while creating the short form of the IMPACT Tool

1. In the process of achieving consensus on the measurement of fecal incontinence experts noted similarity between the St. Mark’s Incontinence Score (SMIS) and the Cleveland Clinic Florida Incontinence Score (CCFIS),both of which were recommended for inclusion into the final instrument (see section 1). The two scores had 5 overlapping questions (gas/liquid/solid leakage, use of pads and life style modification). The SMIS score has two additional questions on urgency and use of constipating medicines. This allowed the opportunity to incorporate all SMIS questions into the final IMPACT Streamlined tool and score the overlapping CCFIS and SMIS questions twice to allow for the calculation of both scores without asking the question the same question again. This allows clinicians to determine severity of FI while having the opportunity to omit (CCFIS) or include (SMIS) the impact of urgency into their determination of disease severity.

We also observed that the two instruments above (CCFIS and SMIS ) also overlapped with the Colorectal Anal Distress Inventory (CRADI).It was thought that the overlapping questions could be combined together without sacrificing any valuable data .

1. The experts noted that the CRADI had 2 questions measuring symptoms of obstructed defecation. The wording of these questions overlapped nearly word for word with the questions in the CSI . Both tools measured bother, but the CSI also measured severity. We combined the two together. Similar considerations were used in combining the anal pain question from CRADI with the CSI anal pain domain.
2. Further modification was made by cross merging the PAC -SYM with the CSI and the CRADI. All three tools asked questions pertaining to symptoms of obstructed defecation, anal bleeding, and anal pain. These were therefore combined for brevity. The PAC -SYM derived questions pertaining to IBS-type symptoms such as “discomfort in your abdomen”, “pain in your abdomen”. “bloating” and “stomach cramps” were added unchanged.
3. The measurement of male sexual function was shortened by selecting to only use to separately validated domains, as described in detail in the main body of the manuscript.
4. The measurement of female sexual function was shortened by selecting the shorter FSFI-9, as described in detail in section 8.
5. The experts noted that the FLUTS and UDI -6 tools both asked same question about presence of various type of urinary incontinence, which allowed for these questions to be merged.
6. FLUTS and UDI-6 tools also both asked questions about pain and discomfort, this allowed further opportunity for merges.
7. The experts also noted that male IPSS and UDI6 similarly shared questions on urinary incontinence and bladder emptying, which allowed consolidation.

Experts of the pelvic floor disorders consortium were very enthusiastic about the possibility of offering the streamlined version of the tool to its members. They sought advice from several psychometricians in regard to the validity of such a combined tool and where reassured by Dr. Todd Rockwood, University of Minnesota (personal communication) that this is equally meaningful and valid, as the collection mimics the way clinicians normally score these conditions in the clinical setting for further clinical research already. We are looking forward to the comments of the other experts in the field in this regard.