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| **THE SHORT INFLAMMATORY BOWEL DISEASE QUESTIONNAIRE****Month (circle one): 0 3 6 9 12 other \_\_\_\_\_\_\_** |
| This questionnaire is designed to find out how you have been feeling during the past TWO WEEKS. You will be asked about symptoms you have been having as a result of your inflammatory bowel disease, the way you have been feeling in general, and how your mood has been. Answer every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can. |

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| 1. | How often has the feeling of fatigue or of being tired and worn out been a problem for you during the last two weeks? |
|  |
|  |  \_\_\_ 1 All of the time |
|  |  \_\_\_ 2 Most of the time |
|  |  \_\_\_ 3 A good bit of the time |
|  |  \_\_\_ 4 Some of the time |
|  |  \_\_\_ 5 A little of the time |
|  |  \_\_\_ 6 Hardly any of the time |
|  |  \_\_\_ 7 None of the time  |
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| 2. | How often during the last 2 weeks have you had to delay or cancel a social engagement because of your bowel problem? |
|  |
|  |  \_\_\_ 1 All of the time |
|  |  \_\_\_ 2 Most of the time |
|  |  \_\_\_ 3 A good bit of the time |
|  |  \_\_\_ 4 Some of the time |
|  |  \_\_\_ 5 A little of the time |
|  |  \_\_\_ 6 Hardly any of the time |
|  |  \_\_\_ 7 None of the time  |
|  |  |
| 3. | How much difficulty have you had, as a result of your bowel problems, doing leisure or sports activities you would have liked to have done during the last 2 weeks? |
|  |
|  |  \_\_\_ 1 A great deal of difficulty, activities made impossible |
|  |  \_\_\_ 2 A lot of difficulty |
|  |  \_\_\_ 3 A fair bit of difficulty |
|  |  \_\_\_ 4 Some difficulty |
|  |  \_\_\_ 5 A little difficulty |
|  |  \_\_\_ 6 Hardly any difficulty |
|  |  \_\_\_ 7 No difficulty  |
|  |  |
| 4. | How often during the last 2 weeks have you been troubled by pain in the abdomen? |
|  |  \_\_\_ 1 All of the time |
|  |  \_\_\_ 2 Most of the time |
|  |  \_\_\_ 3 A good bit of the time |
|  |  \_\_\_ 4 Some of the time |
|  |  \_\_\_ 5 A little of the time |
|  |  \_\_\_ 6 Hardly any of the time |
|  |  \_\_\_ 7 None of the time  |
|  |  |
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| 5. | How often during the last 2 weeks have you felt depressed or discouraged? |
|  |  \_\_\_ 1 All of the time |
|  |  \_\_\_ 2 Most of the time |
|  |  \_\_\_ 3 A good bit of the time |
|  |  \_\_\_ 4 Some of the time |
|  |  \_\_\_ 5 A little of the time |
|  |  \_\_\_ 6 Hardly any of the time |
|  |  \_\_\_ 7 None of the time  |
|  |  |
| 6. | Overall, in the last 2 weeks, how much of a problem have you had passing large amounts of gas? |
|  |
|  |  \_\_\_ 1 A major problem |
|  |  \_\_\_ 2 A big problem |
|  |  \_\_\_ 3 A significant problem |
|  |  \_\_\_ 4 Some trouble |
|  |  \_\_\_ 5 A little trouble |
|  |  \_\_\_ 6 Hardly any trouble |
|  |  \_\_\_ 7 No trouble  |
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| 7. | Overall, in the last 2 weeks, how much of a problem have you had maintaining or getting to the weight you would like to be? |
|  |
|  |  \_\_\_ 1 A major problem |
|  |  \_\_\_ 2 A big problem |
|  |  \_\_\_ 3 A significant problem |
|  |  \_\_\_ 4 Some trouble |
|  |  \_\_\_ 5 A little trouble |
|  |  \_\_\_ 6 Hardly any trouble |
|  |  \_\_\_ 7 No trouble  |
|  |  |
| 8. | How often during the last 2 weeks have you felt relaxed and free of tension? |
|  |  \_\_\_ 1 All of the time |
|  |  \_\_\_ 2 Most of the time |
|  |  \_\_\_ 3 A good bit of the time |
|  |  \_\_\_ 4 Some of the time |
|  |  \_\_\_ 5 A little of the time |
|  |  \_\_\_ 6 Hardly any of the time |
|  |  \_\_\_ 7 None of the time  |
|  |  |
| 9. | How much of the time during the last 2 weeks have you been troubled by a feeling of having to go to the toilet even though your bowels were empty? |
|  |
|  |  \_\_\_ 1 All of the time |
|  |  \_\_\_ 2 Most of the time |
|  |  \_\_\_ 3 A good bit of the time |
|  |  \_\_\_ 4 Some of the time |
|  |  \_\_\_ 5 A little of the time |
|  |  \_\_\_ 6 Hardly any of the time |
|  |  \_\_\_ 7 None of the time  |
|  |  |
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| 10. | How much of the time during the last 2 weeks have you felt angry as a result of your bowel problem? |
|  |
|  |  \_\_\_ 1 All of the time |
|  |  \_\_\_ 2 Most of the time |
|  |  \_\_\_ 3 A good bit of the time |
|  |  \_\_\_ 4 Some of the time |
|  |  \_\_\_ 5 A little of the time |
|  |  \_\_\_ 6 Hardly any of the time |
|  |  \_\_\_ 7 None of the time  |