



# Short Inflammatory Bowel Disease (IBD) Questionnaire

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

This questionnaire is designed to find out how you have been feeling during the last 2 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. Please check the box of your choice below each question.

- 1. How often has the feeling of fatigue or being tired and worn out been a problem for you during the past 2 weeks?**
  - All of the time
  - Most of the time
  - A good bit of the time
  - Some of the time
  - A little of the time
  - Hardly any of the time
  - None of the time
- 2. How often during the last 2 weeks have you delayed or canceled a social engagement because of your bowel problem?**
  - All of the time
  - Most of the time
  - A good bit of the time
  - Some of the time
  - A little of the time
  - Hardly any of the time
  - None of the time
- 3. As a result of your bowel problems, how much difficulty did you experience doing leisure or sports activities during the past 2 weeks?**
  - A great deal of difficulty; activities made impossible
  - A lot of difficulty
  - A fair bit of difficulty
  - Some difficulty
  - A little difficulty
  - Hardly any difficulty
  - No difficulty; the bowel problem did not limit sports or leisure activities
- 4. How often during the past 2 weeks have you been troubled by pain in the abdomen?**
  - All of the time
  - Most of the time
  - A good bit of the time
  - Some of the time
  - A little of the time
  - Hardly any of the time
  - None of the time
- 5. How often during the past 2 weeks have you felt depressed or discouraged?**
  - All of the time
  - Most of the time
  - A good bit of the time
  - Some of the time
  - A little of the time
  - Hardly any of the time
  - None of the time
- 6. Overall, in the past 2 weeks, how much of a problem have you had with passing large amounts of gas?**
  - A major problem
  - A big problem
  - A significant problem
  - Some problem
  - A little trouble
  - Hardly any trouble
  - No trouble
- 7. Overall, in the past 2 weeks, how much of a problem have you had maintaining or getting to the weight you would like to be?**
  - A major problem
  - A big problem
  - A significant problem
  - Some problem
  - A little trouble
  - Hardly any trouble
  - No trouble
- 8. How often during the past 2 weeks have you felt relaxed and free of tension?**
  - All of the time
  - Most of the time
  - A good bit of the time
  - Some of the time
  - A little of the time
  - Hardly any of the time
  - None of the time

**9. How much of the time during the past 2 weeks have you been troubled by a feeling of having to go to the bathroom even though your bowels were empty?**

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- Hardly any of the time
- None of the time

**10. How often during the past 2 weeks have you felt angry as a result of your bowel problem?**

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- Hardly any of the time
- None of the time