

# Inflammatory Bowel Disease Questionnaire

## TREATMENT EVALUATION FORM

(Please fill in the answer sheet with the corresponding numbered response.)

**\*GO TO QUESTION #14 IF YOU HAVE FILLED OUT THE  
PRETREATMENT SURVEY IN THE PAST**

### Pretreatment Survey:

1. Birth Date: \_\_\_\_\_

2. Gender: 1) Male 2) Female

#### 3. Ethnicity:

- 1) Caucasian 2) African American  
3) Asian 4) Hispanic  
5) Other

#### 4. Are you of Jewish descent?

- 1) Yes 2) No 3) Partly

#### 5. Age at Diagnosis of Inflammatory Bowel Disease:

- 1) 10 or under 2) 11-19 3) 20-40  
4) 40 - 65 5) 65 or older

#### 6. a) Do you feel that you may have been exposed to harmful bacteria?

- 1) Yes 2) No

#### b) How do you feel that you may have been exposed to harmful bacteria?

- 1) No Known exposure  
2) Unpasteurized Milk  
3) Undercooked meat  
4) Contaminated Water  
5) Surgery  
6) Other \_\_\_\_\_

#### 7. Do you consume large amounts of dairy products? 1) Yes 2) No

#### 8. Do you have a family history of Inflammatory Bowel Disease (Crohn's, Ulcerative colitis, Ileitis)?

- 1) First Degree Relative \_\_\_\_\_  
2) Other  
3) No

#### 9. Do you have any family members with?

- 1) Rheumatoid arthritis  
2) Tuberculosis  
3) Lupus  
4) Other autoimmune disorders  
5) No

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

#### 10. Were you raised near cattle?

- 1) Yes 2) No

#### 11. Were you breast fed?

- 1) Yes 2) No

#### 12. Where were you born?

- 1) NorthEast 2) SouthEast  
3) Midwest 4) NorthWest  
5) SouthWest 6) Outside the USA

#### 13. Do you have a prior history of cigarette or tobacco smoking?

- 1) Yes - # of years \_\_\_\_\_  
2) No

#### 14. How would you categorize your Inflammatory Bowel Disease?

- 1) Ulcerative colitis  
2) Crohn's  
3) Other \_\_\_\_\_

#### 15. Do you have any of the following symptoms or problems?

(Select those that you have *currently*)

- |                                  |                           |
|----------------------------------|---------------------------|
| 1) Diarrhea                      | 17) Constipation          |
| 2) Abdominal pain                | 18) Gas                   |
| 3) Bloating                      | 19) Run a Daily Temp      |
| 4) Rash                          | 20) Thinning of Hair      |
| 5) Skin Darkening (Sun Tan Look) | 21) Chills                |
| 6) Abdominal Mass                | 22) Discolored Urine      |
| 7) Nausea                        | 23) Vomiting              |
| 8) Abdominal Cramps              | 24) Dry skin or dry mouth |
| 9) Back pain                     | 25) Blood in Stool        |
| 10) Hemorrhoids                  | 26) Night Sweats          |
| 11) Mouth ulcers                 | 27) Headaches             |
| 12) Fatigue and lack of Energy   | 28) Insomnia              |
| 13) Dizziness                    | 29) Joint Swelling        |
| 14) Weight lose                  | 30) Loss of Appetite      |
| 15) Metallic Taste in Mouth      | 31) Heart Burn            |
| 16) Other: _____                 | 32) Itching               |

**16. Please select the medications that you have used in the past or are currently using to control your Inflammatory Bowel Disease?**

*(Please circle the medication number that you are currently using)*

- |   |                   |
|---|-------------------|
| 1) Biaxin   | 2) Rifabutin      |
| 3) Acidophilus                                    | 4) Zithromax      |
| 5) Flagyl   | 6) Cipro          |
| 7) Immuran (Azathioprine)                         | 8) Remicaid       |
| 9) Kaopectate                                     |                   |
| 10) Vitamins and Supplements                      | 11) Librax        |
| 12) 6-Mercaptopurine (Purinethol)                 | 13) Imodium       |
| 14) Prednisone                                    | 15) Asacol        |
| 16) Pentasa                                       | 17) Sulfazalazine |
| 18) Other Inflammatory Bowel Disease medications: |                   |
- 

**17. How would you describe the effectiveness of your current medications?**

- 1) Dramatically improved my condition
- 2) Significantly made a difference in my condition
- 3) Slightly helped
- 4) No difference at all
- 5) Slightly made things worse
- 6) Significantly hindered my condition
- 7) Dramatically hindered my condition

**18. How would you describe the side effects of your current medications?**

- 1) None at all
- 2) A few side-effects that were barely noticeable
- 3) A number of side effects that occasionally interferes with daily activities
- 4) Numerous side effects that often interfere with daily activities
- 5) Side effects are difficult to tolerate
- 6) Side effects are unbearable

**19. a) During the last week, how often have cramps and pain troubled you in your abdomen?**

- 1) All the time
- 2) A few times a day
- 3) Once a day
- 4) Every other day
- 5) Once or twice/ week
- 6) Never

**b) How would you describe your pain:**

- 1) excruciating pain and unbearable
- 2) severe but manageable
- 3) moderate pain
- 4) minor pain that is noticeable
- 5) slight pain that is hardly even noticeable
- 6) No pain at all

**20. How often does your bowel problem interfere with what you want to eat?**

- 1) All the time
- 2) Often
- 3) Occasionally
- 4) Rarely
- 5) Never

**21. How much energy have you had during the last week?**

- 1) Most energy felt in years
- 2) Much more than usual
- 3) Slight increase
- 4) About the same
- 5) Slight Decrease
- 6) Much less than usual
- 7) Wiped out

**22. How would you describe your appetite during the last week?**

- 1) I am constantly hungry and have a huge appetite
- 2) I always have a large appetite before meals
- 3) My appetite fluctuates - sometimes I eat a lot while other times I eat very little
- 4) I have a small appetite & usually eat very little
- 5) I have no appetite and have to force myself to eat

**23. How frequent have your bowel movements been during the last 2 weeks?**

*(Please indicate how frequent your bowel movements have been during the last two weeks by picking one of the options below.)*

- 1) Bowel movements as or more frequent than they have ever been.
- 2) Extremely frequent.
- 3) Very frequent.
- 4) Moderate increase in frequency of bowel movements.
- 5) Some increase in frequency of bowel movements.
- 6) Slight increase in frequency of bowel movements.
- 7) Normal, no increase in frequency of bowel movements.

**24. How often has the feeling of fatigue or being tired and worn out been a problem for you during the last 2 weeks. Please indicate how often the feeling of fatigue or tiredness has been a problem for you during the last 2 weeks by picking one of the options below.**

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 bit of the time.
6. Hardly any of the time.
7. None of the time.

**25. How often during the last two weeks have you felt frustrated, impatient, or restless.**

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 bit of the time.
6. Hardly any of the time.
7. None of the time.

**26. How often during the last two weeks have you been unable to attend school or work 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 bit of the time.
6. Hardly any of the time.
7. None of the time.

**27. How much time during the last 2 weeks have your bowel movements been loose?**

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 bit of the time.
6. Hardly any of the time.
7. None of the time.

**28. How much energy have you had during the last 2 weeks?**

1. No energy at all.
2. Very little energy.
3. A little energy.
4. Some energy.
5. A moderate amount of energy.
6. A lot of energy.
7. Full of energy.

**29. How often during the last 2 weeks did you feel worried about the possibility of needing surgery 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 bit of the time.
6. Hardly any of the time.
7. None of the time.

**30. How often during the last 2 weeks have you had to delay or cancel a social engagement because of your bowel problems?**

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 bit of the time.
6. Hardly any of the time.
7. None of the time.

**31. How often in the past 2 weeks have you been troubled by cramps in your 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 bit of the time.
6. Hardly any of the time.
7. None of the time.

**32. How often in the past 2 weeks have you felt generally unwell? Please choose an option below.**

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 bit of the time.
6. Hardly any of the time.
7. None of the time.

**33. How often during the last 2 weeks have you been troubled because of fear of not finding a bathroom?**

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 bit of the time.
6. Hardly any of the time.
7. None of the time.

**34. How much difficulty have you had, as a result of your bowel problems, doing leisure or sports activities you would liked to have done during the last 2 weeks?**

1. A great deal of difficulty.
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; the bowel problems did not limit sports or leisure activities.

**35. 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 bit of the time.
6. Hardly any of the time.
7. None of the time.

**36. How often during the past 2 weeks have you had problems getting a good night's sleep, or been troubled by waking up during the night?**

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 bit of the time.
6. Hardly any of the time.
7. None of the time.

**37. How often during the past 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 bit of the time.
6. Hardly any of the time.
7. None of the time.

**38. How often during the past 2 weeks have you had to avoid attending events where there was no bathroom at hand?**

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 bit of the time.
6. Hardly any of the time.
7. None of the time.

**39. Overall, in the past 2 weeks, how much of a problem have you had with 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.

**40. Overall, in the last 2 weeks, how much of a problem have you had maintaining or getting the weight you would like to be at?**

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.

**41. Many patients with bowel problems often have worries and anxieties related to their illness. These include worries about getting cancer, worries about never feeling better, and worries about having a relapse. In general, how often during the last 2 weeks have you felt worried or anxious?**

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 bit of the time.
6. Hardly any of the time.
7. None of the time.

**42. How much of the time during the past 2 weeks have you been troubled by a feeling of abdominal bloating?**

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 bit of the time.
6. Hardly any of the time.
7. None of the time.

**43. How often during the last 2 weeks have you felt relaxed and free of tension?**

1. None of the time.
2. Little of the time.
3. Some of the time.
4. A good bit of the time.
5. Most of the time.
6. Almost all of the time.
7. All of the time.

**44. How much time during the last 2 weeks have you had a problem with rectal bleeding with your bowel movements?**

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 bit of the time.
6. Hardly any of the time.
7. None of the time.

**45. How much time during the last 2 weeks have you felt embarrassed as the result of soiling, or because of unpleasant odor caused by your bowel movement?**

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 bit of the time.
6. Hardly any of the time.
7. None of the time.

**46. 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 are 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 bit of the time.
6. Hardly any of the time.
7. None of the time.

**47. How much of the time during the last 2 weeks have you felt tearful or upset?**

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 bit of the time.
6. Hardly any of the time.
7. None of the time.

**48. How much of the time during the last 2 weeks have you been troubled by accidental soiling of your underpants?**

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 bit of the time.
6. Hardly any of the time.
7. None of the time.

**49. How much of the time in the 2 weeks have you felt angry as a result of your bowel problems?**

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 bit of the time.
6. Hardly any of the time.
7. None of the time.

**50. To what extent has your bowel problem limited sexual activity during the last 2 weeks?**

1. No sex as a result of my bowel problem.
2. Major limitation as a result of my bowel problem.
3. Moderate limitation as a result of my bowel problem.
4. Some limitation as a result of my bowel problem.
5. A little limitation as a result of my bowel problem.
6. Hardly any limitation as a result of my bowel problem.
7. No limitation as a result of my bowel problem.

**51. How much of the time during the last 2 weeks have you been troubled by feeling sick to your stomach?**

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 bit of the time.
6. Hardly any of the time.
7. None of the time.

**52. How much of the time during the past 2 weeks have you felt irritable?**

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 bit of the time.
6. Hardly any of the time.
7. None of the time.

**53. How often during the last 2 weeks have you felt a lack of understanding from others?**

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 bit of the time.
6. Hardly any of the time.
7. None of the time.

**54. How satisfied, happy, or pleased have you been with your personal life during the past 2 weeks?**

1. Very dissatisfied, unhappy mostly.
2. Generally dissatisfied, unhappy.
3. Somewhat dissatisfied, unhappy.
4. Generally satisfied, pleased.
5. Satisfied most of the time, happy.
6. Very satisfied most of the time, happy.
7. Extremely satisfied, could not have been more happy or pleased.

**55. In general, would you say your health is:**

- 1) Excellent    2) Good    3) Average

**Please respond to the following questions if you are on ANTIBIOTICS for the treatment of your Crohn's.**

**57. Compared to when you first started the antibiotics, today how would you rate your general health?**

- 1) Much better
- 2) Somewhat better
- 3) About the same
- 4) A little worse
- 5) Much worse

**58. Over the past month, have you taken the appropriate antibiotics each day?**

- 1) Never missed a dose
- 2) Missed only one or two doses
- 3) Missed several doses throughout the month
- 4) Missed a full week of antibiotics this month
- 5) Missed over a weeks worth of antibiotics this month

**Please answer the following questions on flu-like symptoms:**

- If you are on Antibiotics for the treatment of your Crohn's
- If you have not responded to these questions in the past

**59. Within the first month of treatment, did you experience flu-like symptoms? (Please select all those that apply)**

- |                 |                         |
|-----------------|-------------------------|
| 1) Fever        | 2) General Body Aches   |
| 3) Chills       | 4) Head Cold            |
| 5) Joint Pain   | 6) Fatigue              |
| 7) Night Sweats | 8) No Flu-like symptoms |
| 9) Other _____  |                         |

**60. How long did these flu-like symptoms last?**

- 1) A few days during the first week
- 2) A few days after the first week
- 3) A full week within the first month
- 4) No Flu-like symptoms
- 5) Longer than a full week (Specify when and duration) \_\_\_\_\_

*Thank You....*

**FOR TAKING THE TIME TO FILL OUT THIS EVALUATION FORM**

**Please send or Fax back to Dr. Shafran at:**

**701 West Morse Blvd., Winter Park, FL 32789 ■ Phone [407] 629-8121 Fax [40] 629-7250**