

ULCERATIVE COLITIS / Short IBD Questionnaire

PATIENTS NAME: _____

DATE: _____

1. 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 choosing 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

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 bit 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 like to have done during the last 2 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 bit of the time
6. Hardly any of the time
7. None of the time

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

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 bit 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 with passing large amounts of gas?

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

7. 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. 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

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

1. None of the time
2. Hardly any of the time
3. A little bit of the time
4. Some of the time
5. A good bit of the time
6. Most of the time
7. All 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 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

10. How much of the time in the last 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

11. Are you in remission?

1. Yes
2. No

TOTAL SCORE: _____

Compliance Questions

1. What medications are prescribed for you for your U.C.?
(Please include the dosage & how often you take them).

2. What percentage of the time do you take the right dose at the right times?

3. If less than 100%, what is the #1 reason why you miss taking your medications?

- a. Forgot to take.
- b. Too busy to take.
- c. Medications cause unpleasant side effects.
- d. Medications cost too much.
- e. Feel ill at times when scheduled to take medications.
- f. Don't have the medication present when scheduled to take it.
- g. Taking the medication reminds me that I have had problems with IBD.
- h. Not certain if the medication is effective.
- i. Too many pills to take at once.
- j. Medication must be taken too often during the day.