

Short Quality of Life Questionnaire for Inflammatory Bowel Disease

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 circle the number 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?
 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
2. How often during the last 2 weeks have you delayed or canceled 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. As a result of your bowel problems, how much difficulty did you experience doing leisure or sports activities you would liked to have done during the past 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; 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?
 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

5. 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 of the time
 6. Hardly any of the time
 7. 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?
 1. A major problem
 2. A big problem
 3. A significant problem
 4. Some problem
 5. A little trouble
 6. Hardly any trouble
 7. 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?
 1. A major problem
 2. A big problem
 3. A significant problem
 4. Some problem
 5. A little trouble
 6. Hardly any trouble
 7. No trouble
8. How often during the past 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 past 2 weeks have you been troubled by a feeling of having to go to the bathroom 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
10. How often during the past 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