

QUESTIONNAIRE FOR PATIENTS WITH IBS (IRRITABLE BOWL SYNDROME)

Please **circle the number** that explains how you have been **IN THE PAST TWO MONTHS**.
Please say "In the Past two months" ahead of each question as you think about the answer.
If the question does not apply to you, please circle **not applicable**.

IN THE PAST TWO MONTHS

1) Have you been afraid to eat out because of food causing bowel symptoms?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

2) Have you felt angry as a result of your bowel problem?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

3) Did you need to go suddenly when you had a bowel movement?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

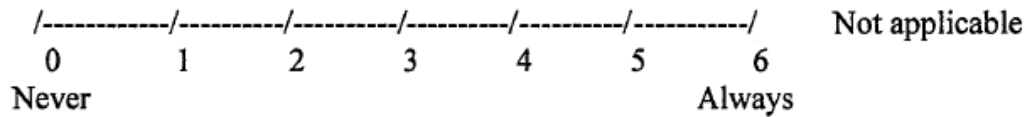
4) Did your bowel symptoms interfere with your relationship with your children and/or partner?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

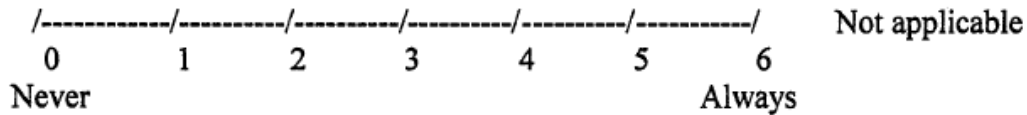
5) Did you avoid foods that you like because you were afraid that they might cause bowel symptoms?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

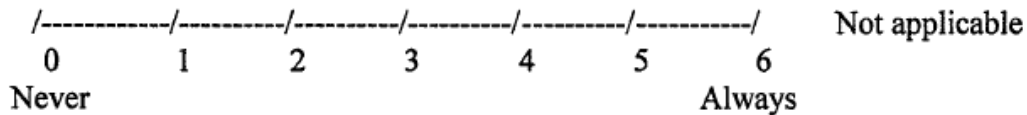
6) Did your bowel symptoms interfere with being able to do well at work/school/usual daily activities?



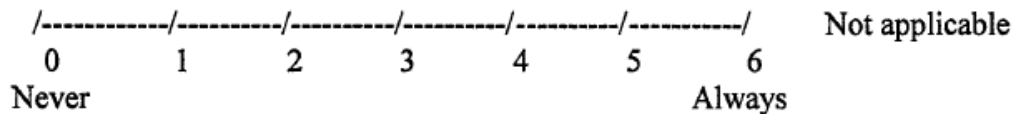
7) Have you felt tearful or discouraged as a result of your bowel problem?



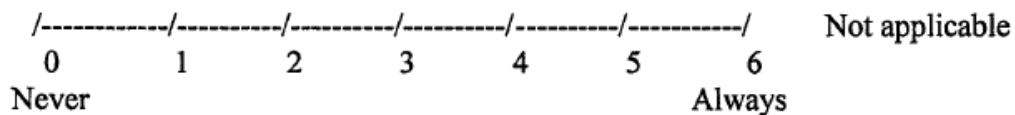
8) Did you feel that your family/friends thought your symptoms were not real?



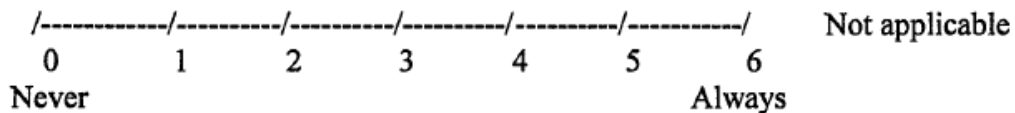
9) How often, while participating in leisure or sport activities did you have to stop because of your bowel symptoms?



10) Have you felt worried or anxious about never feeling any better?



11) Did you miss work/school/usual daily activities because of your bowel problem?



12) Did your bowel symptoms interfere with being able to concentrate?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

13) Have you felt alone or isolated from your family because of bowel symptoms?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

14) Were you embarrassed because of your bowel symptoms?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

15) Were you troubled by pain in your abdomen?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

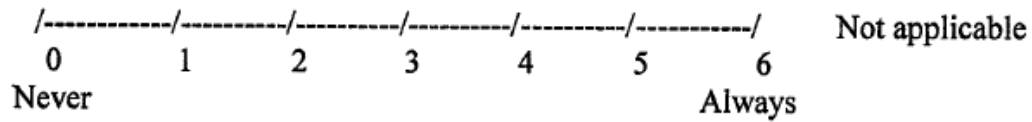
16) Were you afraid that your bowel symptoms were getting worse?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

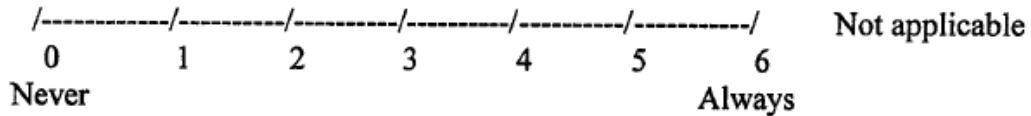
17) Were you troubled by bowel movements that were hard/difficult to pass?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

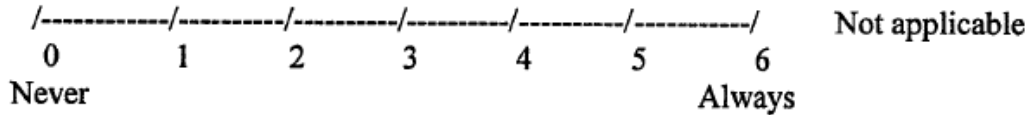
18) Did you check your diet from the previous day trying to find foods that might cause bowel symptoms?



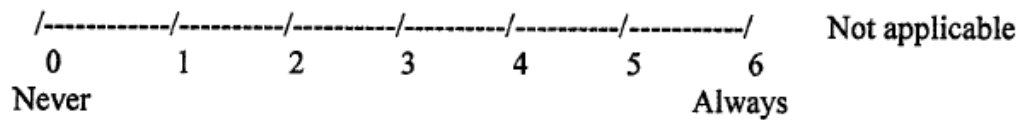
19) Did you avoid traveling due to worry about bowel symptoms?



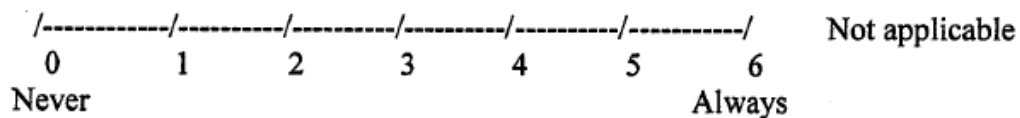
20) Did your bowel problems shorten the length of time you could work each day?



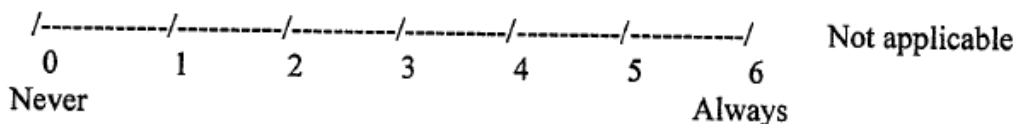
21) Did your bowel symptoms keep you from sleeping soundly during the night?



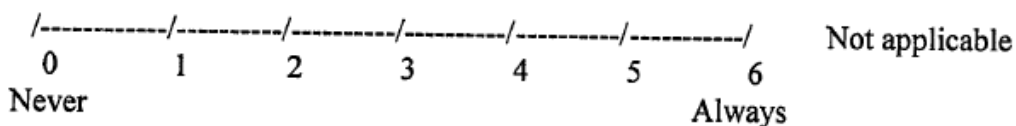
22) Were you troubled by loose bowel movements?



23) Did your bowel condition interfere with having sexual relations?



24) Has being bloated troubled you?



25) Did your bowel symptoms interfere with your enjoyment of leisure or sport activities?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

26) Was passing large amount of gas a problem?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

27) Were you concerned that your symptoms may be due to cancer?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

28) Have you had to delay or cancel going out socially because of your bowel problem?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

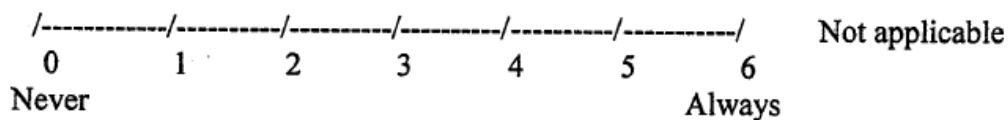
29) Were you tired in the morning because of your bowel symptoms?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

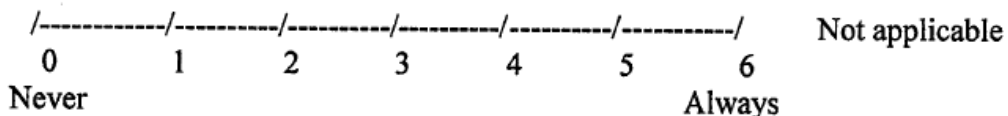
30) Did your bowel symptoms interfere with your desire to have sexual relations with your partner?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

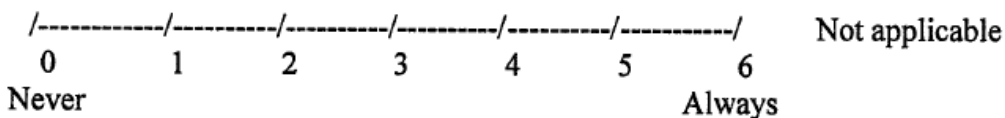
31) Has feeling that you need to go to the bathroom even though your bowels are empty troubled you?



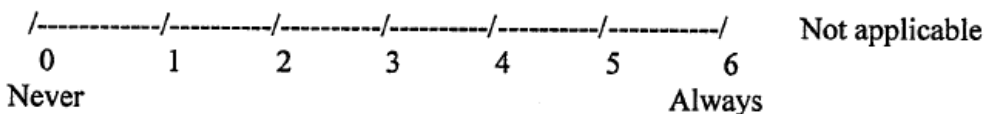
32) Did you feel that your doctor/health professionals did not believe that your bowel symptoms were real?



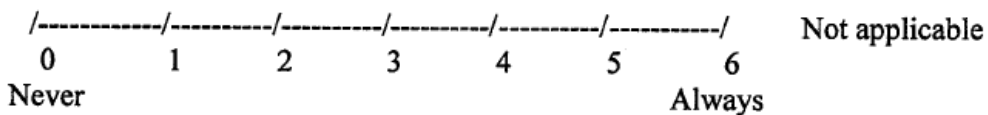
33) How often do you immediately need to find where washrooms are when you are in a new place?



34) Did you avoid planning activities ahead of time because you were unsure of how your bowel symptoms would be?



35) Has accidental soiling of your underwear troubled you?



36) Were you late for or did you delay work/school/usual daily activities because of your bowel symptoms.

