

THE SHORT INFLAMMATORY BOWEL DISEASE QUESTIONNAIRE (SIBDQ)



Designed by experts at McMaster University, the SIBDQ does more than simply ask about your physical symptoms—it measures the impact of those symptoms on your social and emotional well-being.

Answering the SIBDQ can help you and your doctor determine how your symptoms affect your daily life. You should fill out the SIBDQ every 2 months or each time you visit your doctor so he or she can determine whether your current medication is controlling your symptoms, and, if necessary, recommend other treatment options.

Tracking your symptoms with the SIBDQ is a good way to help your doctor develop and maintain the right treatment for you.

How to complete the questionnaire

- 1 For each question, circle the number that corresponds to your answer.
- 2 Be sure to answer every question.
- 3 Complete the SIBDQ once every 2 months or before each visit to your healthcare provider.
- 4 Share the completed questionnaire and the symptom tracker with your healthcare provider during each visit.

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.

- 1** How often has the feeling of fatigue or of 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 option from:
 1. All of the time 5. A little of the time
 2. Most of the time 6. Hardly any of the time
 3. A good bit of the time 7. None of the time
 4. Some 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? Please choose an option from:
 1. All of the time 5. A little of the time
 2. Most of the time 6. Hardly any of the time
 3. A good bit of the time 7. None of the time
 4. Some of the time
- 3** How much difficulty have you had, as a result of your bowel problem, doing leisure or sports activities you would have liked to have done during the last 2 weeks? Please choose an option from:
 1. A great deal of difficulty; activities made impossible
 2. A lot of difficulty
 3. A fair bit of difficulty
 4. Some difficulty

- 4** How often during the last 2 weeks have you been troubled by pain in the abdomen? Please choose an option from:
 1. All of the time 5. A little of the time
 2. Most of the time 6. Hardly any of the time
 3. A good bit of the time 7. None of the time
 4. Some of the time
- 5** How often during the last 2 weeks have you felt depressed or discouraged? Please choose an option from:
 1. All of the time 5. A little of the time
 2. Most of the time 6. Hardly any of the time
 3. A good bit of the time 7. None of the time
 4. Some of the time
- 6** Overall, in the last 2 weeks, how much of a problem have you had with passing large amounts of gas? Please choose an option from:
 1. A major problem 5. A little trouble
 2. A big problem 6. Hardly any trouble
 3. A significant problem 7. No trouble
 4. Some trouble
- 7** Overall, in the last 2 weeks, how much of a problem have you had maintaining or getting to the weight you would like to be? Please choose an option from:
 1. A major problem 5. A little trouble
 2. A big problem 6. Hardly any trouble
 3. A significant problem 7. No trouble
 4. Some trouble
- 8** How often during the last 2 weeks have you felt relaxed and free of tension? Please choose an option from:
 1. None of the time 5. Most of the time
 2. A little of the time 6. Almost all of the time
 3. Some of the time 7. All of the time
 4. A good bit 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 were empty? Please choose an option from:
 1. All of the time 5. A little of the time
 2. Most of the time 6. Hardly any of the time
 3. A good bit of the time 7. None of the time
 4. Some of the time
- 10** How much of the time during the last 2 weeks have you felt angry as a result of your bowel problem? Please choose an option from:
 1. All of the time 5. A little of the time
 2. Most of the time 6. Hardly any of the time
 3. A good bit of the time 7. None of the time
 4. Some of the time

Write in the number for each of your answers:

1	<input type="text"/>	3	<input type="text"/>	5	<input type="text"/>	7	<input type="text"/>	9	<input type="text"/>
2	<input type="text"/>	4	<input type="text"/>	6	<input type="text"/>	8	<input type="text"/>	10	<input type="text"/>

Now add all the numbers up, then divide that total by 10 for your score:

TOTAL $\div 10 =$ **SCORE**

INFLAMMATORY BOWEL DISEASE SYMPTOM TRACKER



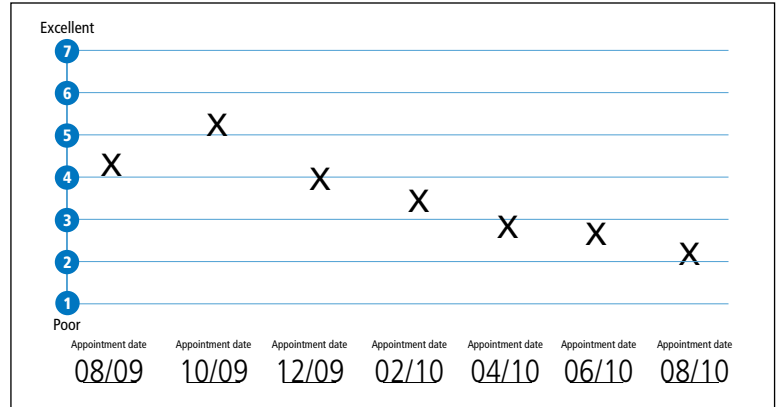
Charting your progress is easy

Investigate: Fill out the brief questionnaire (on the back of this page). Each question is scored from 0 to 7. Be sure to answer every question.

Calculate: Add your ratings together for all 10 questions and divide by 10. For example, if you had a total of 43, then $43 \div 10 = 4.3$.

Record: Each time you answer the SIBDQ, place an X on the graph to indicate your score, and write in the date underneath for that particular visit. This will show your progress over time.

After a few visits, your chart will look something like this:



What your score means: Over time, an increase in your score may indicate that your symptoms are improving, while a decrease may mean that they are getting worse. A change of approximately 1 point may indicate a clinically significant change. Talk to your healthcare provider about any changes in your SIBDQ score.

Your IBD symptoms can change over time—starting and stopping, getting better or worse. Keeping track of your symptoms as measured on the SIBDQ can help you and your healthcare provider select the best plan for you.

Name: _____

