



# The Inflammatory Bowel Disease Questionnaire<sup>2</sup> (IBDQ)

Patient Name: ..... File No: ..... 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 tick **one** answer for each of the questions. If you are unsure about how to answer any question, just give the best answer you can. Do not spend too much time answering, as your first thoughts are likely to be the most accurate.

**1** How frequent have your bowel movements been during the last 2 weeks?  
Please choose an option from:

Bowel movements as or more frequent than they have ever been	<input type="checkbox"/>
Extremely frequent	<input type="checkbox"/>
Very frequent	<input type="checkbox"/>
Moderate increase in frequency of bowel movements	<input type="checkbox"/>
Some increase in frequency of bowel movements	<input type="checkbox"/>
Slight increase in frequency of bowel movements	<input type="checkbox"/>
Normal, no increase in frequency of bowel movements	<input type="checkbox"/>

**2** How often has the feeling of fatigue or of being tired and worn out been a problem for you during the past 2 weeks?  
Please choose an option from:

All of the time	<input type="checkbox"/>
Most of the time	<input type="checkbox"/>
A good bit of the time	<input type="checkbox"/>
Some of the time	<input type="checkbox"/>
A little of the time	<input type="checkbox"/>
Hardly any of the time	<input type="checkbox"/>
None of the time	<input type="checkbox"/>

**3** How often during the last 2 weeks have you felt frustrated, impatient, or restless?  
Please choose an option from:

All of the time	<input type="checkbox"/>
Most of the time	<input type="checkbox"/>
A good bit of the time	<input type="checkbox"/>
Some of the time	<input type="checkbox"/>
A little of the time	<input type="checkbox"/>
Hardly any of the time	<input type="checkbox"/>
None of the time	<input type="checkbox"/>

**4** How often during the last 2 weeks have you been unable to attend school or do your work because of your bowel problem?  
Please choose an option from:

All of the time	<input type="checkbox"/>
Most of the time	<input type="checkbox"/>
A good bit of the time	<input type="checkbox"/>
Some of the time	<input type="checkbox"/>
A little of the time	<input type="checkbox"/>
Hardly any of the time	<input type="checkbox"/>
None of the time	<input type="checkbox"/>

**5** How much of the time during the last 2 weeks have your bowel movements been loose?  
Please choose an option from:

All of the time	<input type="checkbox"/>
Most of the time	<input type="checkbox"/>
A good bit of the time	<input type="checkbox"/>
Some of the time	<input type="checkbox"/>
A little of the time	<input type="checkbox"/>
Hardly any of the time	<input type="checkbox"/>
None of the time	<input type="checkbox"/>

**6** How much energy have you had during the last 2 weeks?  
Please choose an option from:

No energy at all	<input type="checkbox"/>
Very little energy	<input type="checkbox"/>
A little energy	<input type="checkbox"/>
Some energy	<input type="checkbox"/>
A moderate amount of energy	<input type="checkbox"/>
A lot of energy	<input type="checkbox"/>
Full of energy	<input type="checkbox"/>

**7** How often during the last 2 weeks did you feel worried about the possibility of needing to have surgery because of your bowel problem?  
Please choose an option from:

All of the time	<input type="checkbox"/>
Most of the time	<input type="checkbox"/>
A good bit of the time	<input type="checkbox"/>
Some of the time	<input type="checkbox"/>
A little of the time	<input type="checkbox"/>
Hardly any of the time	<input type="checkbox"/>
None of the time	<input type="checkbox"/>

**8** 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:

All of the time	<input type="checkbox"/>
Most of the time	<input type="checkbox"/>
A good bit of the time	<input type="checkbox"/>
Some of the time	<input type="checkbox"/>
A little of the time	<input type="checkbox"/>
Hardly any of the time	<input type="checkbox"/>
None of the time	<input type="checkbox"/>

**9** How often during the last 2 weeks have you been troubled by cramps in your abdomen?  
Please choose an option from:

All of the time	<input type="checkbox"/>
Most of the time	<input type="checkbox"/>
A good bit of the time	<input type="checkbox"/>
Some of the time	<input type="checkbox"/>
A little of the time	<input type="checkbox"/>
Hardly any of the time	<input type="checkbox"/>
None of the time	<input type="checkbox"/>

**10** How often during the last 2 weeks have you felt generally unwell?  
Please choose an option from:

All of the time	<input type="checkbox"/>
Most of the time	<input type="checkbox"/>
A good bit of the time	<input type="checkbox"/>
Some of the time	<input type="checkbox"/>
A little of the time	<input type="checkbox"/>
Hardly any of the time	<input type="checkbox"/>
None of the time	<input type="checkbox"/>

**11** How often during the last 2 weeks have you been troubled because of fear of not finding a washroom (bathroom, toilet)?  
Please choose an option from:

All of the time	<input type="checkbox"/>
Most of the time	<input type="checkbox"/>
A good bit of the time	<input type="checkbox"/>
Some of the time	<input type="checkbox"/>
A little of the time	<input type="checkbox"/>
Hardly any of the time	<input type="checkbox"/>
None of the time	<input type="checkbox"/>

**12** How much difficulty have you had, as a result of your bowel problems, doing leisure or sports activities you would have liked to have done during the last 2 weeks? Please choose an option from:

A great deal of difficulty; activities made impossible	<input type="checkbox"/>
A lot of difficulty	<input type="checkbox"/>
A fair bit of difficulty	<input type="checkbox"/>
Some difficulty	<input type="checkbox"/>
A little difficulty	<input type="checkbox"/>
Hardly any difficulty	<input type="checkbox"/>
No difficulty; the bowel problems did not limit sports or leisure	<input type="checkbox"/>

**13** How often during the last 2 weeks have you been troubled by pain in the abdomen?  
Please choose an option from:

All of the time	<input type="checkbox"/>
Most of the time	<input type="checkbox"/>
A good bit of the time	<input type="checkbox"/>
Some of the time	<input type="checkbox"/>
A little of the time	<input type="checkbox"/>
Hardly any of the time	<input type="checkbox"/>
None of the time	<input type="checkbox"/>

**14** How often during the last 2 weeks have you had problems getting a good night's sleep, or been troubled by waking up during the night?  
Please choose an option from:

All of the time	<input type="checkbox"/>
Most of the time	<input type="checkbox"/>
A good bit of the time	<input type="checkbox"/>
Some of the time	<input type="checkbox"/>
A little of the time	<input type="checkbox"/>
Hardly any of the time	<input type="checkbox"/>
None of the time	<input type="checkbox"/>

**15** How often during the last 2 weeks have you felt depressed or discouraged?  
Please choose an option from:

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

**24** 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:

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

**16** How often during the last 2 weeks have you had to avoid attending events where there was no washroom (bathroom, toilet) close to hand?  
Please choose an option from:

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

**25** How much of the time during the last 2 weeks have you felt tearful or upset?  
Please choose an option from:

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

**17** 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:

A major problem	1
A big problem	2
A significant problem	3
Some trouble	4
A little trouble	5
Hardly any trouble	6
No trouble	7

**26** How much of the time during the last 2 weeks have you been troubled by accidental soiling of your underpants?  
Please choose an option from:

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

**18** Overall, in the last 2 weeks, how much of a problem have you had in maintaining, or getting to, the weight you would like to be at?  
Please choose an option from:

A major problem	1
A big problem	2
A significant problem	3
Some trouble	4
A little trouble	5
Hardly any trouble	6
No trouble	7

**27** 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:

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

**19** Many patients with bowel problems often have worries and anxieties related to their illness. Worries about getting cancer, never feeling any better and having a relapse. How often during the last 2 weeks have you felt worried or anxious? Please choose an option from:

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

**28** To what extent **has your bowel problem** limited sexual activity during the last 2 weeks?  
Please choose an option from:

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

**20** How much of the time during the last 2 weeks have you been troubled by a feeling of abdominal bloating?  
Please choose an option from:

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

**29** How much of the time during the last 2 weeks have you been troubled by nausea or feeling sick to your stomach?  
Please choose an option from:

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

**21** How often during the last 2 weeks have you felt relaxed and free of tension?  
Please choose an option from:

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

**30** How much of the time during the last 2 weeks have you felt irritable?  
Please choose an option from:

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

**22** How much of the time during the last 2 weeks have you had a problem with rectal bleeding with your bowel movements?  
Please choose an option from:

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

**31** How often during the past 2 weeks have you felt a lack of understanding from others?  
Please choose an option from:

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

**23** How much of the time during the last 2 weeks have you felt embarrassed as a result of your bowel problem?  
Please choose an option from:

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

**32** How satisfied, happy, or pleased have you been with your personal life during the past 2 weeks?  
Please choose one of the following options from:

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