Short Quality of Life in Inflammatory Bowel Disease Questionnaire (SIBDQ)

This questionnaire is designed to find out how you have been feeling during the last 2 weeks. You will be asked about symptoms, the way you have been feeling in general and how your mood has been as a result of your inflammatory bowel disease.

1. How often has the feeling of fatigue or of being tired and worn out has been a problem for you during the last 2 weeks? Please choose from one of the following options.
   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? Please choose one option.
   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 have liked to have done during the last 2 weeks? Please choose one option.
   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 trouble by pain in the abdomen? Please choose one option.
   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 felt depressed or discouraged? Please choose one option.
   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? Please choose one option.
   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 to, the weight you like to be at? Please choose one option.
   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? Please choose one option.
   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

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 one option.
   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 during the last 2 weeks have you felt angry as a result of your bowel problem? Please choose one option.
    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

Please calculate the score by adding the number for each question. Minimum score = 10 and maximum score = 70.