Post Colonoscopy Questionnaire

Please complete the survey below.

Thank you!

What is the participant ID at the top of your consent form? _____

What type of IBD do you have?
- ◯ Crohn's Disease
- ◯ Ulcerative Colitis
- ◯ IBD-U

In what year did you start having symptoms? _____

In what year were you diagnosed with IBD? _____

How many gastrointestinal surgeries have you had related to your IBD?

	0	1-2	3-5	6+
Small bowel resection(s)	☐	☐	☐	☐
Colonic resection(s)	☐	☐	☐	☐
Complete colectomy	☐	☐	☐	☐
Other	☐	☐	☐	☐

What was the surgery? _____

How many times have you been hospitalized because of your IBD?
- ◯ 0 times
- ◯ 1-2 times
- ◯ 3-5 times
- ◯ more than 5 times

IBD and Joint Pain

	Yes	No
Do you have joint paint related to your IBD?	◯	◯

When did you first experience the joint pain?
- ◯ within 1 year
- ◯ between 1-3 years ago
- ◯ more than 3 years ago

On a scale of 1-10, 10 being most severe, how would you rate your pain:

	1	2	3	4	5	6	7	8	9	10
On most days (daily average)	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
On your worst days	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯

How long does your joint pain last after you wake up?

- ◯ 15 minutes or less
- ◯ 15 to 30 minutes
- ◯ 30 to 60 minutes
- ◯ 60-120 minutes (1-2 hours)
- ◯ 120+ minutes (2 hrs or more)

When your joint pain is bothering you, do you have any trouble performing the following activities of daily living:

	Yes	No
Bathing	◯	◯
Dressing	◯	◯
Toileting	◯	◯
Preparing meals and eating	◯	◯

Which of your joints are affected by pain and swelling (select all that apply)?

	Left	Right
Back/spine	☐	☐
Shoulder	☐	☐
Fingers	☐	☐
Wrists	☐	☐
Ankles	☐	☐
Feet	☐	☐
Knees	☐	☐
Elbows	☐	☐
Hip	☐	☐

Number of involved fingers:

- ◯ One finger
- ◯ Multiple fingers

Is your joint pain worse with active GI symptoms?

- ◯ Yes
- ◯ No

Is there any activity you can't do because of your joint pain?

_____

Which of the following best describes your disease activity within last 6 months:

- ◯ 0-I was well in the past 6 months - what I consider remission
- ◯ 1-Rarely active, giving me symptoms only a few days of the past 6 months
- ◯ 2-Occasionally active, giving me symptoms 1-2 days per month
- ◯ 3-Sometimes active, giving me symptoms on some days
- ◯ 4-Often active, giving me symptoms most days
- ◯ 5-Constantly active, giving me symptoms every day

Please check all of the following foods that you consume:

	1-2x/wk	3-5x/wk	Daily	Multiple times daily
Dairy	◯	◯	◯	◯
Red meat (hamburger/ground beef, steak, lamb, etc)	◯	◯	◯	◯
Poultry (chicken, turkey, etc)	◯	◯	◯	◯
Seafood (shrimp, fish, etc)	◯	◯	◯	◯
Added sugars (soda, sweet tea, cookie/cake, jams, etc)	◯	◯	◯	◯
Refined grains (white bread/rice/pasta etc)	◯	◯	◯	◯
Whole grains (wheat bread, brown rice/pasta, oatmeal, quinoa, bran, etc)	◯	◯	◯	◯
Green vegetables	◯	◯	◯	◯
Fruits and other vegetables	◯	◯	◯	◯

Consider the following symptoms, noting only ones that have been experienced need to be selected:

	I HAVE experienced this symptom at some point, or has a doctor told me I've had this symptom	I have experience this symptom in the past 3 months
Uveitis or episcleritis (inflammatory eye symptom: eye pain, light sensitivity, etc.)	◯	◯
Oral (aphthous ulcers)	◯	◯
Erythema Nodosum (painful, red nodules on your skin)	◯	◯
Pyoderma Gangrenosum (ulcers on skin)	◯	◯
Anal skin tags	◯	◯
Perianal fistula	◯	◯
Other (please describe below)	◯	◯

Please describe other extra-intestinal manifestations of IBD you have experienced: _____

Please list all medications and supplements you're currently taking, with dosages and frequency included: _____

On a scale of 1-10, 10 being most stressed, how would you rate your stress levels:

	1	2	3	4	5	6	7	8	9	10
On a typical day	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
When you're most stressed	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯