IBD Symptom Inventory (IBDSI) – Long Form

Please rate how frequent or severe the symptoms were that you experienced in the following areas over the **past week**:

1. My health was:

☐ Very Good (0) | ☐ Good (0) | ☐ Slightly Below Par (1) | ☐ Poor (2) | ☐ Very Poor (3) | ☐ Terrible (4)

2. I had abdominal pain:

☐ None (0) | ☐ Mild (1) | ☐ Moderate (2) | ☐ Prolonged/ Severe (4)

3. On average, the number of bowel movements I had each day was:

☐ Less than one a day (0) | ☐ 1 | ☐ 2 | ☐ 3 (1) | ☐ 4 (2) | ☐ 5 (3) | ☐ 6 (4) | ☐ 7 | ☐ 8 | ☐ 9 | ☐ 10 or More

4. The number of loose/liquid bowel movements or diarrhea I had most days was:

☐ None | ☐ Some, but less than one a day (0) | ☐ 1 (1) | ☐ 2 | ☐ 3 (2) | ☐ 4 (3) | ☐ 5 | ☐ 6 (4) | ☐ 7 | ☐ 8 | ☐ 9 | ☐ 10 or More

5. My stool consistency was generally:

☐ Formed (0) | ☐ Loose (1) | ☐ Liquid (2)

6. I noticed blood in my stool:

☐ None (0) | ☐ Trace amounts(2) | ☐ Obvious bleeding (4)

7. I had loss of appetite:

☐ None (0) | ☐ Mild (1) | ☐ Moderate (2) | ☐ Prolonged/ Severe (4)

8. I had nausea:

☐ None (0) | ☐ Mild (1) | ☐ Moderate (2) | ☐ Prolonged/ Severe (4)

9. I had vomiting:

☐ None (0) | ☐ Mild (1) | ☐ Moderate (2) | ☐ Prolonged/ Severe (4)

10. I had tenderness in my abdomen when touched:

☐ None (0) | ☐ Minimal (1) | ☐ Moderate (2) | ☐ Severe (3) | ☐ So severe that I pull away when touched (4)

How much difficulty have you had with the following during the **past week**?

Symptoms:	None (0)	A Little (1)	Moderate (2)	Quite a Lot (3)	Severe (4)
11. Feeling fatigued or tired and worn out	☐	☐	☐	☐	☐
12. Excessive bowel gas (farting)	☐	☐	☐	☐	☐
13. Losing control of bowel movements	☐	☐	☐	☐	☐
14. Abdominal bloating	☐	☐	☐	☐	☐
15. Waking because of urge to have bowel movements	☐	☐	☐	☐	☐
16. Waking because of abdominal pain	☐	☐	☐	☐	☐
17. Urgency of bowel movements	☐	☐	☐	☐	☐
18. Finding it hard to get things done	☐	☐	☐	☐	☐
19. Difficulty releasing gas	☐	☐	☐	☐	☐
20. Urge for bowel movement despite empty bowels	☐	☐	☐	☐	☐
21. Feeling generally unwell	☐	☐	☐	☐	☐
22. Soiling underwear	☐	☐	☐	☐	☐
23. Abdominal cramps	☐	☐	☐	☐	☐
24. Having low energy	☐	☐	☐	☐	☐
25. Having trouble maintaining or gaining weight	☐	☐	☐	☐	☐
26. Fever over 37.8 ºC or 100 ºF	☐	☐	☐	☐	☐
27. a) Has your doctor ever told you that you have a mass or a lump in your abdomen?	☐ No	☐ Yes			
b) In the past week, I had a lump in my abdomen:	☐ No (0)	☐ Maybe, hard to tell (1)	☐Definitely (3)	☐ Definitely, and it is tender when touched (4)	

During the **past week**, have you had any of the following **complications of IBD**?
(Terms your doctor might use are in italics.)

IBD Complications:	None (0)	Mild (1)	Moderate (2)	Severe (4)
28. Joint pain (*arthralgia/arthritis*):	☐	☐	☐	☐
29. Inflammation of the coloured part of the eyes (*uveitis/iritis*):	☐	☐	☐	☐
30. Tender red lumps on shins or arms (*erythema nodosum*):	☐	☐	☐	☐
31. Small painful canker sores or ulcers in the mouth (*apthous ulcers/apthous stomatitis*):	☐	☐	☐	☐
32. Painful sores or ulcerations on the skin (*pyoderma gangrenosum*):	☐	☐	☐	☐
33. *Anal fissure* (a tear around the anus):	☐	☐	☐	☐
34. *Abscess* (a localized collection of pus surrounded by inflamed or infected tissue – inside the body or on the skin):	☐	☐	☐	☐

35. a) Do you have a *fistula*? (a fistula is any path from the bowel to other organs, or from the bowel to the outside skin)

☐ Yes (1) | ☐ No (0)

b) If Yes please mark all that apply:

- ☐ Around your anus
- ☐ Within your intestine
- ☐ To your skin
- ☐ To your bladder
- ☐ To your vagina
- ☐ To your scrotum or penis
- ☐ Other Please specify: _____

c) Has the fistula been active (sore, swollen, or draining) during the past week?

☐ No (0) | ☐ A Little (1) | ☐ Moderately (2) | ☐ Quite a Lot (3) | ☐ Severely (4)

d) Is this a new fistula you have developed in the past week?

☐ No | ☐ Yes, and it is mildly active | ☐ Yes, and it is moderately active | ☐ Yes, it is severe