

IBD Symptom Inventory (IBDSI) – Short 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)

11. a) Has your doctor 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)



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)
12. Feeling fatigued or tired and worn out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Excessive bowel gas (farting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Losing control of bowel movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Abdominal bloating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Waking because of urge to have bowel movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Waking because of abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Urgency of bowel movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Finding it hard to get things done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Difficulty releasing gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Soiling underwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Abdominal cramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

23. Joint pain (*arthralgia/arthritis*):

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

24. 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)

25. **IF YES:** In the **past week**, my fistula was **sore, swollen, or draining**:

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

