IBS - 36 Questionnaire

	ay "In the Past to If the question of									
ampl	e: / 0 Never		2	3	4		/ 6 lways	Not applicable		
							•			
THE	E PAST TWO M	IONTHS								
1)	Have you been	afraid to e	at out bec	ause of f	ood causi	ng bov	vel sympto	ms?		
	/	/	/	/	/	/	/	Not applicable		
	0 Never		2	3	4	5	6 Always			
2)	Have you felt a	ngry as a r	esult of ye	our bowe	l problem	1?				
	/	/	/	/	/	/	/	Not applicable		
	0 Never		2	3	4	5	6 Always			
3)	Did you need to	go sudder	nly when	you had	a bowel n	novem	ent?			
	/	/	/	/	/	/	/	Not applicable		
	0 Never		2	3	4	5	6 Always			
4)	Did your bowel symptoms interfere with your relationship with your children and/or partner?									
	/						/	Not applicable		
	0 Never	1	2	3	4	5	6 Always			
5)	Did you avoid f	oods that y	ou like b	ecause yo	ou were a	fraid tl	nat they mi	ght cause bowel symptoms		
	/	/	/	/	/	/	/	Not applicable		
	0 Never		2	3	4	5	6 Always			
6)	Did your bowel	symptoms	interfere	with bei	ng able to	do we	ell at work/	school/usual daily activitie		
	/	1	/	/	/	/	/	Not applicable		
	0	1	2	3	4	5	6			

Please circle the number that explains how you have been IN THE PAST TWO MONTHS.

Patient Number

7)	Have you felt	tearful or	discourage	ed as a resu	alt of you	r bowe	l problen	n?	
		/ 1 er	2	3	4	/ 5	/ 6 Alway		applicable
8)	Did you feel t	hat your fa	mily/frien	ds though	t your syr	nptoms	were no	t real?	
	/ 0 Neve		2	3	4	/ 5	/ 6 Alway		applicable
9)	How often, w symptoms?	hile partici	pating in l	eisure or s	port activ	ities di	id you ha	ve to sto	op because of your bowel
		/ 1 er	2	3	/ 4	/ 5	/ 6 Alway		applicable
10)	Have you felt					•		Not	applicable
	0 Neve		2	3	4	5	6 Alway		applicable
11)	Did you miss							-	
	0 Neve			3			6 Alway		applicable
12)	Did your bo	wel sympt	oms inter	fere with	being ab	ole to c	oncentra	ate?	
	/ 0 Nev		/- 1 2	2 3	 /-	ļ		/ 6 Always	Not applicable
13)	Have you fel								
	0 Nev		/- I 2	2 3	/- 4			6 Always	Not applicable
14)	Were you en	nbarrassed	l because	of your b	owel syr	nptom	s?		
	/ 0 Nev		/- I 2	2 3	/- 4			/ 6 Always	Not applicable

15) V	Vere you troubled	l by pair	in your	abdomen'	?			
	/	/	/	/	/	/	/	Not applicable
			2	3	4	5	6	Not applicable
	Never						Always	
16) 11								
16) V	Vere you afraid th	nat your	bowel sy	mptoms v	were getti	ing wor	se?	
	/	/	/	/	/	/	/	Not applicable
			2	3	4	5		
	Never						Always	
17) W	Vere you troubled	l by bow	el mover	nents that	were ha	rd/diffi	cult to pass	.9
,							_	
	/	/ 1	/	/	/	/	/	Not applicable
	Never	1	2	3	4	3	6 Always	
18) D	oid you check you	ır diet fr	om the pi	revious da	y trying	to find	foods that	might cause bowel symptoms?
	/	/	/	/	/			Not applicable
	0	1	2	3	, 4	5	6	Not applicable
	Never						Always	
19) D	id you avoid trav	/	/	/	/	/	/	Not applicable
	0 Never	1	2	3	4	5	6 Always	
20) D	id your bowel pro / 0 Never							h day? Not applicable
21) Di	id your bowel sy	mptoms	keep you	from slee	eping sou	ındly d	uring the n	ight?
	/	/	/	/	/	/	/	Not applicable
		1	2	3	4	5		
	Never						Always	
22) W	ere you troubled	by loose	bowel n	novement	s?			
	/	/	/	/	/	/	/ 6	Not applicable
		1	2	3	4	5		
	Never						Always	

23) Did your bowel co	ndition i	nterfere v	with havi	ng sexual	l relatio	ns?	
/	/	/	/	/	/	/	Not applicable
0 Never	1	2	3	4	5	6 Always	
24) Has being bloated	troubled	you?					
/	/	/	/	/	/	/	Not applicable
0 Never	1	2	3	4	5	6 Always	
25) Did your bowel s	ymptom	s interfer	e with yo	ur enjoyn	nent of	leisure or s	sport activities?
/	/	/	/	/	/	/	Not applicable
0 Never		2	3	4	5	6 Always	
26) Was passing large	e amoun	t of gas a	problem	?			
/	/	/	/	/	/	/	Not applicable
0 Never	1	2	3	4	5	6 Always	Not applicable
27) Were you concern	ned that	your sym	ptoms m	ay be due	to cano	er?	
/	/	/	/	/	/	/	Not applicable
0	1	2	3	4	5		Not applicable
Never				,		Always	
28) Have you had to o	delay or	cancel go	ing out s	ocially be	ecause o	of your boy	vel problem?
/	/	/	/	/	/	/	Not applicable
0 Never	1	2	3	4	5	6 Always	Not applicable
29) Were you tired in	the mor	ning beca	use of yo	our bowel	sympto	oms?	
/	/	/	/	/	/	/	Not applicable
0 Never	1	2	3	4	5	6 Always	Not applicable
30) Did your bowel sy	mptoms	interfere	with yo	ur desire t	to have	sexual rela	ntions with your partner?
/	/	/	/	/		/	Not applicable
0	1	2	3	4	5	6	Not applicable
Never						Always	

	/	,	,	,	,	,	,	N
	0 Never	1	2	3	4	5	6 Always	Not applicable
32) Did	you feel that y	our doct	tor/health	professi	onals did	not beli	ieve that ye	our bowel symptoms were rea
	/	/	/	/	/	/	/	Not applicable
	0 Never		2	3	4	5	6 Always	Not applicable
33) How	often do you	immedia	ately need	d to find	where wa	shroom	s are when	n you are in a new place?
	/	/	/	/	/	/	/	Not applicable
	0 Never	1	2	3	4	5	6 Always	Not applicable
34) Did wou	ld be?							re of how your bowel sympton Not applicable
35) Has	accidental soil	ling of yo	our under	wear tro	abled you	1?	71111143	
	/0 Never	1	2	3	4	/ 5	/ 6 Always	Not applicable
36) Were	you late for o	or did yo	u delay v	vork/scho	ol/usual	daily ac	tivities bed	cause of your bowel symptom
	/	/	/	/	/4	/	/	Not applicable