

7) Have you felt tearful or discouraged as a result of your bowel problem?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

8) Did you feel that your family/friends thought your symptoms were not real?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

9) How often, while participating in leisure or sport activities did you have to stop because of your bowel symptoms?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

10) Have you felt worried or anxious about never feeling any better?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

11) Did you miss work/school/usual daily activities because of your bowel problem?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

12) Did your bowel symptoms interfere with being able to concentrate?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

13) Have you felt alone or isolated from your family because of bowel symptoms?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

14) Were you embarrassed because of your bowel symptoms?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

15) Were you troubled by pain in your abdomen?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

16) Were you afraid that your bowel symptoms were getting worse?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

17) Were you troubled by bowel movements that were hard/difficult to pass?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

18) Did you check your diet from the previous day trying to find foods that might cause bowel symptoms?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

19) Did you avoid traveling due to worry about bowel symptoms?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

20) Did your bowel problems shorten the length of time you could work each day?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

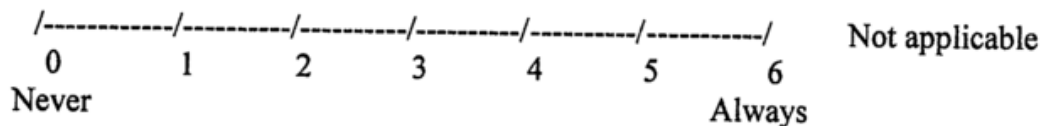
21) Did your bowel symptoms keep you from sleeping soundly during the night?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

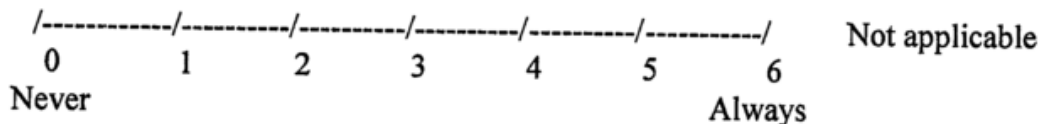
22) Were you troubled by loose bowel movements?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

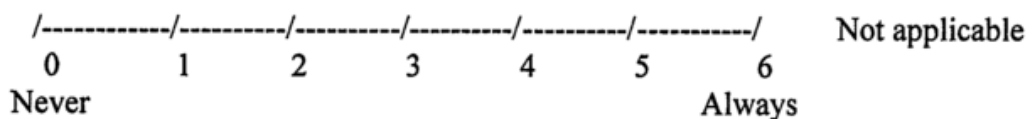
23) Did your bowel condition interfere with having sexual relations?



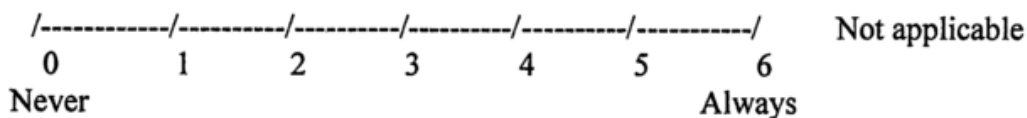
24) Has being bloated troubled you?



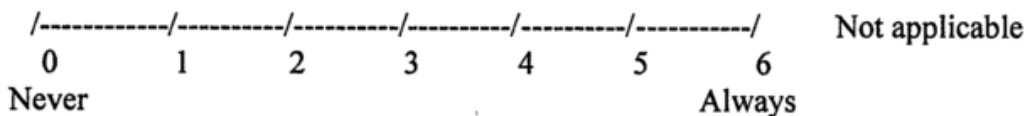
25) Did your bowel symptoms interfere with your enjoyment of leisure or sport activities?



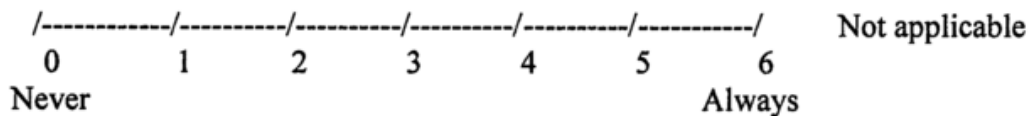
26) Was passing large amount of gas a problem?



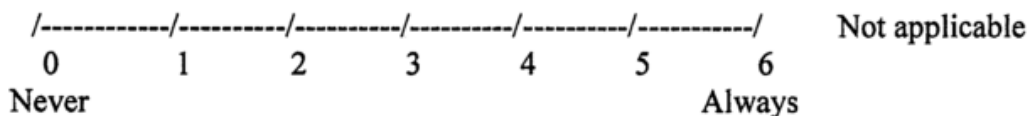
27) Were you concerned that your symptoms may be due to cancer?



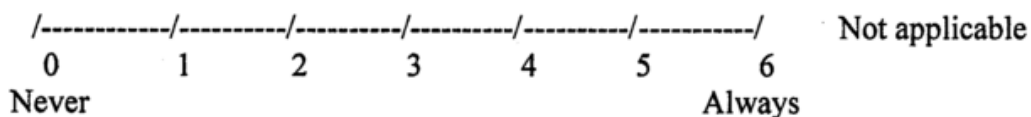
28) Have you had to delay or cancel going out socially because of your bowel problem?



29) Were you tired in the morning because of your bowel symptoms?



30) Did your bowel symptoms interfere with your desire to have sexual relations with your partner?



31) Has feeling that you need to go to the bathroom even though your bowels are empty troubled you?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

32) Did you feel that your doctor/health professionals did not believe that your bowel symptoms were real?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

33) How often do you immediately need to find where washrooms are when you are in a new place?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

34) Did you avoid planning activities ahead of time because you were unsure of how your bowel symptoms would be?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

35) Has accidental soiling of your underwear troubled you?

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

36) Were you late for or did you delay work/school/usual daily activities because of your bowel symptoms.

/-----/-----/-----/-----/-----/-----/ Not applicable
0 1 2 3 4 5 6
Never Always

