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| --- | --- | --- |
|  |  |  |
| **IBD Control** |  |  |
| *Inflammatory Bowel Disease Control Questionnaire*  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | **Do you believe that :** |  |  |  |
|  | 1. Your IBD has been well controlled in the past two weeks?
 |  Yes |  No | Not sure |
|  | 1. Your current treatment is useful in controlling your IBD?

*(if you are not taking any treatment, please tick this box* □) |  Yes |  No | Not sure |
|  2 | **Over the past 2 weeks, have your bowel symptoms been getting worse, getting better or not changed?** |  Better | No change | Not sure |
|  |
| 3 | **In the past 2 weeks did you :** |  |  |  |
|  | 1. Miss any planned activities because of IBD ?

(e.g. attending school/college, going to work or a social event) |  Yes |  No | Not sure |
|  | 1. Wake up at night because of symptoms of IBD ?
 |  Yes |  No | Not sure |
|  | 1. Suffer from significant pain or discomfort ?
 |  Yes |  No | Not sure |
|  | 1. Often feel lacking in energy (fatigued) ?

(by often we mean more than half of the time) |   Yes |   No | Not sure |
|  | 1. Feel anxious of depressed because of your IBD ?
 |  Yes |  No | Not sure |
|  | 1. Think you needed a change to your treatment ?
 |  Yes |  No | Not sure |
| 4 | **At your next clinic visit, would you like to discuss:** |  |  |  |
|  | a) Alternative types of drug for controlling IBD |  Yes |  No | Not sure |
|  | b) Ways to adjust your own treatment |  Yes |  No | Not sure |
|  | c) Side effects or difficulties with using your medicines |  Yes |  No | Not sure |
|  | d) New symptoms that have developed since your last visit |  Yes |  No | Not sure |

|  |  |
| --- | --- |
|  5 | **How would you rate the OVERALL control of your IBD in the past *two* weeks?**Please draw a vertical line (**I**) on the scale below |
|  |  **Worst**  **Best**Possible ~~I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I~~ possible Control |  |  |

EDMSIBDC Date :

**Harvey-Bradshaw Index (HBI) —**

**Crohn’s disease activity Score**

**Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of HBI calculation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please check one box per number (except for # 5)

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | General well-being  |  | Very well = 0 |
|  |  |  | Slightly below par = 1 |
|  |    |  | Poor = 2 |
|  |  | Very poor = 3 |
|  |  | Terrible = 4 |

|  |  |  |  |
| --- | --- | --- | --- |
| 2. | Abdominal Pain  |  | None = 0 |
|  |  |  | Mild - 1 |
|  |  |  | Moderate = 2 |
|  |  |  | Severe = 3 |

|  |  |  |
| --- | --- | --- |
| 3. | Number of liquid or soft stools per day  | = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| 4.  | Abdominal mass  |  | None = 0  |
|  |  |  | Dubious = 1 |
|  |  |  | Definite = 2 |
|  |  |  | Definite and tender = 3 |

|  |  |  |  |
| --- | --- | --- | --- |
| 5.  | Complications  (Check any that apply; one Per item except for first box) |  | None  |
|  | Arthralgia  |
|  | Uveitis  |
|  |  |  | Erythema nodosum |
|  |  |  | Aphthous ulcers |
|  |  |  | Phoyderma gangrenosum |
|  |  |  | Anal fissure |
|  |  |  | New fistula  |
|  |  |  | Abscess  |

|  |  |  |
| --- | --- | --- |
| 6. | **H**arvey-**B**radshaw **I**ndex score 2 =  |  |
|  |  (please add scores of questions 1 through 5) | Remission | <5 |
|  | Mild disease  | 5-7 |
|  | Moderate disease | 8-16 |
|  |  | Severe disease  | >16 |