Tell us about how well or ill you are

IBD-CONTROL PROM – Date completed

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 Do you believe that:- | | | | |
| Your IBD has been controlled in the last two weeks? | Yes |  | No |  |
| Your current treatment is useful in controlling your IBD? | Yes |  | No |  |
| 2 Over the last 2 weeks: | | | | |
| Over the past 2 weeks, have your bowel symptoms been getting better, worse or not changed? | Better | | |  |
| Not changed | | |  |
| Worse | | |  |
| 3 In the past 2 weeks, did you:- | | | | |
| Miss any planned activities because of IBD? | Yes |  | No |  |
| Wake up at night because of symptoms of IBD? | Yes |  | No |  |
| Suffer from significant pain or discomfort? | Yes |  | No |  |
| Often feel lacking in energy? | Yes |  | No |  |
| Feel anxious or depressed because of your IBD? | Yes |  | No |  |
| Think you needed a change to your treatment? | Yes |  | No |  |
| 4 At your next clinic visit would you like to discuss:- | | | | |
| Alternative types of drug for controlling IBD? | Yes |  | No |  |
| Ways to adjust your own treatment? | Yes |  | No |  |
| Side effects or difficulties with using your medicines? | Yes |  | No |  |
| New symptoms that have developed since your last visit? | Yes |  | No |  |
|  |
| 5 How would you rate the overall control of your IBD in the past two weeks? (Worst Control = 0, Best Control = 100) | Score | |  | |

Please complete these questions if you have Ulcerative Colitis:

Date completed:- (Disease Activity Index patient questions)

|  |  |  |
| --- | --- | --- |
| At the present time: | Tick: | |
| How often do you open your bowels? | Normal |  |
| 1-2 more than normal |  |
| 3-4 more than normal |  |
| >4 more than normal |  |
| Do you have rectal bleeding? | None |  |
| Streaks of blood |  |
| Obvious blood |  |
| Mostly blood |  |

Please complete these questions if you have Crohn’s Disease:

Date completed (Harvey Bradshaw Index patient questions)

Over the past week:

|  |  |  |  |
| --- | --- | --- | --- |
| 1) How was your general well-being? | | 2) Did you have abdominal pain? | |
| Very well |  | None |  |
| Slightly below par |  | Mild |  |
| Poor |  | Moderate |  |
| Very poor |  | Severe |  |
| Terrible |  |
|  | | | |
| 3) How many liquid stools did you pass per day? | | |  |
|  | | | |
| 4) Do you currently have any of the following? | | | |
| Arthralgia |  | Aphthous ulcers |  |
| Uveitis |  | Anal fissure |  |
| Erythema nodosum |  | New fistula |  |
| Pyoderma gangrenosum |  | Abscess |  |