|  |  |  |
| --- | --- | --- |
|  |  |  |
| **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 :

**Simple Clinical Colitis Activity Index:**

**Patient Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of SCCAI calculation**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Symptom**  | **Status** | **Tick** | **Score** |

|  |  |
| --- | --- |
| 1. | Bowel frequency (day)  |
|  |  | 1–3  |  | 0 |
|  |  | 4–6  |  | 1 |
|  |  | 7–9  |  | 2 |
|  |  | >9  |  | 3 |

|  |  |
| --- | --- |
| 2. | Bowel Frequency (night)  |
|  |  | 1-3 |  | 1 |
|  |  | 4-6 |  | 2 |
|  |  | 7-12 |  | 3 |

|  |  |
| --- | --- |
| 3.  | Urgency of defecation  |
|  |  | Hurry  |  | 1 |
|  |  | Immediately  |  | 2 |
|  |  | Inconsistence  |  | 3 |
|  |  |

|  |  |
| --- | --- |
| 4.  | Blood in stool  |
|  |  | Trace  |  | 1 |
|  |  | Occasionally frank  |  | 2 |
|  |  | Usually frank  |  | 3 |

|  |  |
| --- | --- |
| 5.  | General well being  |
|  |  | Very well  |  | 0 |
|  |  | Slightly below par  |  | 1 |
|  |  | Poor |  | 2 |
|  |  | Very poor |  | 3 |
|  |  | Terrible  |  | 4 |

|  |  |
| --- | --- |
| 6. | Extracolonic features :  |
|  |  |  | 1 per manifestation  |