

Name: \_\_\_\_\_ Personal ID No.: \_\_\_\_\_ Date: \_\_\_\_\_

## Prior to your visit to the clinic

Prior to your visit, we would appreciate if you would answer these questions. Your answers will be registered in the national registry for patients with inflammatory bowel disease, SWIBREG. Your answers will make it easier for us to follow your bowel disease over time and assess the status of your condition. There are no right or wrong answers, so just choose the answers that are most applicable to you.

Select one option for each question.

Please answer questions 1-4 with **the past week** in mind:

### 1. Did you have any symptoms of your bowel disease?

- No symptoms
- Mild symptoms
- Moderate symptoms
- Quite severe symptoms
- Severe symptoms
- Very severe symptoms

### 2. Did your bowel disease affect your ability to handle everything you have to do or want to do in life?

- Not at all
- To a low degree
- To a moderate degree
- To quite a high degree
- To a high degree
- To a very high degree

### 3. Did your bowel disease cause you any concern?

- Not at all
- To a low degree
- To a moderate degree
- To quite a high degree
- To a high degree
- To a very high degree

### 4. How is your general feeling of well-being?

- Very good
- Good
- Pretty good
- Poor
- Very poor
- Terrible

## Recording of symptoms in inflammatory bowel disease

Please answer questions 5 to 14 with regard to **the past 24 hours**:

**5. How many bowel movements did you have over the past 24 hours?** .....  
(if you have an ostomy bag, please indicate the number of times you emptied your bag)

**6. How many bowel movements did you have last night?** .....  
(while you were sleeping, i.e. a need to defecate that woke you up)

**7. How many bowel movements during the last 24 hours (day+night) were loose?** .....

**8. The number of bowel movements over the past 24 hours (day+night) for me was**

(Note: normal = prior to onset of disease or best condition following surgical treatment)

- Normal
- 1-2 more bowel movements/24 hours than normal
- 3-4 more bowel movements/24 hours than normal
- ≥5 more bowel movements/24 hours than normal

**9. Which option is most applicable to you when you need to defecate:**

- I can hold it, I don't need to interrupt my activity
- I need to hurry to get to a bathroom, I have to stop my activity ahead of time, but without stress
- I need immediate access to a bathroom, I have to stop my activity straight away
- leaking faeces

**10. Have you had blood in your stool?**

- no
- traces or streaks
- obvious in a few/less than half of the bowel movements
- obvious in most/all bowel movements
- mainly blood

**11. Have you had abdominal pain?**

- none
- mild, barely noticeable pain, which can be tolerated
- moderate, sufficiently noticeable for it to affect my daily life
- severe, making it impossible to work or participate in daily activities

**12. How is your general feeling of well-being?**

- good
- not completely good
- poor
- very poor
- terrible

**13. If your general well-being is not good, is that due to:**

- Your bowel disease
- Other disease
- Other circumstances in your life

**14. Other**

Have you had any other symptoms or health problems? If so, please tick one or more boxes and briefly explain:

- Fever of more than 37.8<sup>0</sup>
- Ulcer in the mouth
- Problems with my joints
- Skin rash
- Conjunctivitis (eye inflammation)
- Problems at the anus
- Other

Brief explanation: \_\_\_\_\_

Under each heading, please tick the ONE box that best describes your health TODAY.

**15. MOBILITY**

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

**16. SELF-CARE**

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

**17. USUAL ACTIVITIES** (*e.g. work, study, housework, family or leisure activities*)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

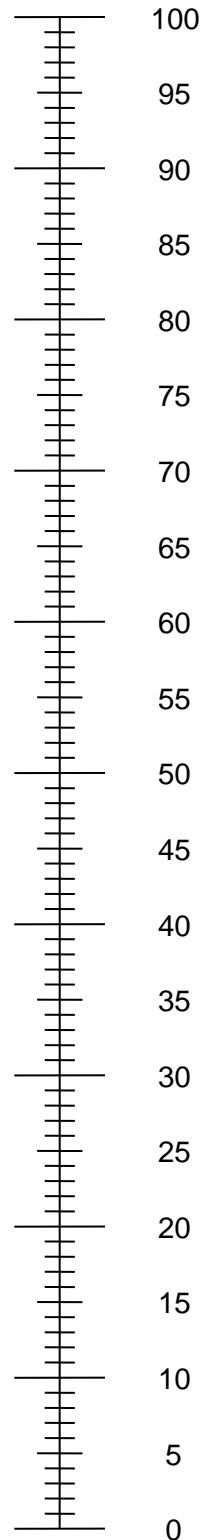
**18. PAIN / DISCOMFORT**

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

**19. ANXIETY / DEPRESSION**

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.  
0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.



YOUR HEALTH TODAY =

The worst health  
you can imagine

**21. Are you now, or have you previously been, a smoker?**

(By smoking we are referring to the daily use of tobacco in any form, not including snus, for a period of at least 6 months)

Has your smoking status changed since you last filled out this form:  YES  NO (if No, skip to the next question)

I have never been a smoker       I used to be a smoker       I am currently a smoker

a. If you smoke or have smoked, when did you start smoking? \_\_\_\_\_ (year)

b. If you were a smoker previously, when did you stop smoking? \_\_\_\_\_ (year)

c. If you stopped smoking for at least 1 year, when did you stop \_\_\_\_\_ (year)

when did you start smoking again \_\_\_\_\_ (year)

**22. Have you had any surgery for your bowel disease since your last visit:**  No  Yes

I do **not** want my answers to be recorded in the Swedish registry for patients with inflammatory bowel disease