

INTRO

Help us to understand IBS - more than just bellyache. Irritable Bowel Syndrome (IBS) is an extremely common abdominal complaint. In fact, it is one of the most common reasons why people visit their GP. Some people suffer severe symptoms with a huge impact on their lives, whilst others experience only mild or intermittent symptoms, for example, when stressed. We need to know more about the causes of IBS if we are going to get better treatments.

UK Biobank provides a unique opportunity to better understand IBS. We hope to combine the results of this questionnaire with other information you have provided to gain a deep understanding of the risk factors, triggers and underlying causes of IBS.

Please answer all the following questions even if you do not have IBS – having information from people who have no IBS symptoms, is critical to allowing us to better understand the information from people who do suffer with IBS. The questionnaire is split into sections, each section having a slightly different purpose. You may notice that there is some overlap in a few questions; this is necessary to ensure that all the information we collect is completely reliable.

To help you as you work your way through the questionnaire:

- Most devices will allow you to click or tap the description beside a choice button to select it
Click or tap on this sentence
Click /tap here
and over here
- A slider allows you to select a value from a range. Click or tap or drag the slider pointer until your chosen value is displayed.
- The progress bar at the bottom of each page (see below) is split into blocks, with each block representing a different section of the questionnaire.

SECTION A

Question No.	Question text	Response
Alntro	This questionnaire is participant specific. It should only be completed by you First, we need to check a few things.	
A1	Please confirm your month and year of birth	01 = January 02 = February 03 = March 04 = April 05 = May 06 = June 07 = July 08 = August 09 = September 10 = October 11 = November 12 = December Allows selection of an integer between 1934 and 1971.

A2	Please confirm your sex	01 = Male 02 = Female
A3	Have you ever been diagnosed with IBS?	01 = Yes 00 = No DK= Do not know DA = Prefer not to answer
AINTROrestart	Now let's continue from where you left off....	
ACLOSE	Now let's start with a few general questions about IBS	
SECTION B		
BINTRO	This section relates to whether or not you have symptoms of IBS	
B1	In the last 3 months , how often did you have discomfort or pain anywhere in your abdomen?	00 = Never 01 = Less than one day a month 02 = One day a month 03 = Two to three days a month 04 = One day a week 05 = More than one day a week 06 = Every day DA = Prefer not to answer
B1a	Did this discomfort or pain occur only during your menstrual bleeding and not at other times?	01 = Yes 00 = No NA = Not Applicable DA = Prefer not to answer
B1b	Have you had this discomfort or pain 6 months or longer?	01 = Yes 00 = No DA = Prefer not to answer
B1c	How often did this discomfort or pain get better or stop after you had a bowel movement?	00 = Never or rarely 01 = Sometimes 02 = Often 03 = Most of the time 04 = Always DA = Prefer not to answer
B1d	When this discomfort or pain started, did you have more frequent bowel movements?	00 = Never or rarely 01 = Sometimes 02 = Often 03 = Most of the time 04 = Always DA = Prefer not to answer
B1e	When this discomfort or pain started, did you have less frequent bowel movements?	00 = Never or rarely 01 = Sometimes 02 = Often 03 = Most of the time 04 = Always DA = Prefer not to answer
B1f	When this discomfort or pain started,	00 = Never or rarely

	were your stools (bowel movements) looser?	01 = Sometimes 02 = Often 03 = Most of the time 04 = Always DA = Prefer not to answer
B1g	When this discomfort or pain started, how often did you have harder stools?	00 = Never or rarely 01 = Sometimes 02 = Often 03 = Most of the time 04 = Always DA = Prefer not to answer
B2	In the last 3 months, how often did you have hard or lumpy stools?	00 = Never or rarely 01 = Sometimes 02 = Often 03 = Most of the time 04 = Always DA = Prefer not to answer
B3	In the last 3 months, how often did you have loose, mushy or watery stools?	00 = Never or rarely 01 = Sometimes 02 = Often 03 = Most of the time 04 = Always DA = Prefer not to answer
SECTION C		
CINTRO	This section allows us to assess the severity of any IBS symptoms you currently have (i.e. have had in the last 3 months). Again, please fill it in even if you do not have IBS.	
C1	Do you currently (in the last 3 months) suffer from abdominal (tummy) pain?	01 = Yes 00 = No DA = Prefer not to answer
C1a	How severe is your abdominal pain? <i>Please move the slider to choose a number from 0 to 10, with 0 meaning "no pain" and 10 meaning "very severe".</i>	No pain 0 1 2 3 4 5 6 7 8 9 10 Very severe DA = Prefer not to answer
C1b	Please move the slider to select the number of times that you get the pain every 10 days . <i>For example, if you choose 4 it means that you get pain 4 out of 10 days. If you get pain every day enter 10.</i>	No days with pain 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 days with pain DA = Prefer not to answer
C2	Do you currently suffer from abdominal distension? (bloating, swollen or tight tummy) <i>Women please ignore distension related to your period.</i>	01 = Yes 00 = No DA = Prefer not to answer
C2a	How severe is your abdominal distension/tightness? <i>Please move the slider to choose a number from 0 to 10, with 0 meaning</i>	No distension 0 1 2 3 4 5 6 7 8 9 10 Very severe distension DA = Prefer not to answer

	<i>"no distension" and 10 meaning "very severe".</i>	
C3	How happy /satisfied are you with your bowel habits? <i>Please move the slider to choose a number from 0 to 10, with 0 meaning "very happy" and 10 meaning "very unhappy".</i>	Very happy 0 1 2 3 4 5 6 7 8 9 10 Very unhappy DA = Prefer not to answer
C4	Please indicate how much abdominal pain or discomfort or altered bowel habits are affecting or interfering with your life in general. <i>Please move the slider to choose a number from 0 to 10, with 0 meaning "not at all" and 10 meaning "completely".</i>	Not at all 0 1 2 3 4 5 6 7 8 9 10 Completely DA = Prefer not to answer
SECTION D		
D1	What is the greatest number of times you open your bowels per day ?	Number between 1 and 40 DA = Prefer not to answer
D2	What is the least number of times you open your bowels per week ?	Number between 0 and 150 DA = Prefer not to answer
D3	What is the average number of times you open your bowels per day ?	Number between 0 and 20 DA = Prefer not to answer
BLOCK D4	In the last year approximately how many weeks were you:	
D4a	Absent from work due to IBS? <i>Please answer "0" if you have IBS but it doesn't prevent you going to work.</i>	Number between 0 and 52 01 = I have given up work because of IBS NA = I do not work (e.g. retired, unemployed, homemaker) DA = Prefer not to answer
D4b	When was this?	01 = January 02 = February 03 = March 04 = April 05 = May 06 = June 07 = July 08 = August 09 = September 10 = October

		11 = November 12 = December 01 DK = Do not know
D4c	At work but suffering because of IBS? <i>Please answer "52" if your IBS affects you all the time at work.</i> <i>Please answer "0" if your IBS does not affect you at work.</i>	Number between 0 and 52 DA = Prefer not to answer
SECTION E		
EINTRO	This section is about other complaints you might have.	
BLOCK E1	During the past 3 months , how much have you been bothered by any of the following problems?	
E1a	Back pain	00 = Not bothered at all 01 = Bothered a little 02 = Bothered a lot DA = Prefer not to answer
E1b	Pain in your arms, legs, or joints (knees, hips etc.)	00 = Not bothered at all 01 = Bothered a little 02 = Bothered a lot DA = Prefer not to answer
E1c	Menstrual cramps or other problems with your periods	00 = Not bothered at all 01 = Bothered a little 02 = Bothered a lot DA = Prefer not to answer NA = Not applicable
E1d	Headaches	00 = Not bothered at all 01 = Bothered a little 02 = Bothered a lot DA = Prefer not to answer
E1e	Chest pain	00 = Not bothered at all 01 = Bothered a little 02 = Bothered a lot DA = Prefer not to answer
E1f	Dizziness	00 = Not bothered at all 01 = Bothered a little 02 = Bothered a lot

		DA = Prefer not to answer
E1g	Fainting spells	00 = Not bothered at all 01 = Bothered a little 02 = Bothered a lot DA = Prefer not to answer
E1h	Feeling your heart pound or race	00 = Not bothered at all 01 = Bothered a little 02 = Bothered a lot DA = Prefer not to answer NA = Not applicable
E1i	Shortness of breath	00 = Not bothered at all 01 = Bothered a little 02 = Bothered a lot DA = Prefer not to answer
E1j	Pain or problems during intercourse	00 = Not bothered at all 01 = Bothered a little 02 = Bothered a lot DA = Prefer not to answer NA = Not applicable
E1k	Urinary frequency or bladder irritability	00 = Not bothered at all 01 = Bothered a little 02 = Bothered a lot DA = Prefer not to answer
E1l	Nausea	00 = Not bothered at all 01 = Bothered a little 02 = Bothered a lot DA = Prefer not to answer
E1m	Feeling tired all the time or having low energy	00 = Not bothered at all 01 = Bothered a little 02 = Bothered a lot DA = Prefer not to answer
E1n	Trouble sleeping	00 = Not bothered at all 01 = Bothered a little 02 = Bothered a lot DA = Prefer not to answer
SECTION F		
FINTRO	This section is made up of a mix of questions relating to other health problems, associations and risk factors for IBS.	
F1	Have you ever been offered or sought treatment for anxiety?	01 = Yes 00 = No DA = Prefer not to answer

F2	Have you ever been offered or sought treatment for depression?	01 = Yes 00 = No DA = Prefer not to answer
F3	Do you have a sensitive stomach?	01 = Yes 00 = No DK = Do not know DA = Prefer not to answer
F4	Do you have a family history of IBS in your parents / siblings / children?	01 = Yes 00 = No DK = Do not know DA = Prefer not to answer
F5	Were you born by Caesarian section?	01 = Yes 00 = No DK = Do not know DA = Prefer not to answer
F6	During childhood or as a teenager did you receive long-term or recurrent courses (3 or more per year) of antibiotics (for example for tonsillitis or acne)?	01 = Yes 00 = No DK = Do not know DA = Prefer not to answer
F7	Have you been diagnosed with coeliac disease/ gluten sensitivity?	01 = Yes 00 = No DK = Do not know DA = Prefer not to answer
F8	When you were diagnosed with coeliac disease/ gluten sensitivity was this:	01 = Self-diagnosis from symptoms 02 = Doctor diagnosis from symptoms 03 = By means of a blood test only? 04 = By means of endoscopy only? 05 = By means of a blood test and endoscopy? DA = Prefer not to answer
SECTION G		
GINTRO	This section is about when your abdominal symptoms very first started.	
G1	Did your IBS symptoms start suddenly, over one or a few days, or did they come on gradually?	01 = Started suddenly 02 = Came on gradually 03 = Cannot remember DA = Prefer not to answer
G2	When your IBS symptoms first began (or up to two weeks before), were you diagnosed with an infectious illness ('tummy bug')?	01 = Yes 00 = No DA = Prefer not to answer
G2a	Please select the infection from this list:	01 = Salmonella 02 = Shigella 03 = Campylobacter

		04 = Virus 05 = Other 06 = Do not know DA = Prefer not to answer
BLOCK G3	When your IBS symptoms first began (or up to two weeks before), did you have any of the following symptoms?	
G3a	Fever	01 = Yes 00 = No DA = Prefer not to answer
G3b	Diarrhoea	01 = Yes 00 = No DA = Prefer not to answer
G3c	Bloody diarrhoea	01 = Yes 00 = No DA = Prefer not to answer
G3d	Vomiting	01 = Yes 00 = No DA = Prefer not to answer
SECTION H		
H1	<p>Please use the space below to tell us any further important information relevant to this questionnaire.</p> <p>Please note: after you press the Save and finish button below, you will no longer be able to change your answers.</p>	
CLOSE	<p>Many thanks for answering these questions. A better understanding of the causes of IBS is an important step towards improving treatment of this difficult condition. If you have concerns about any of the issues covered in the questionnaire, we suggest that you contact your General Practitioner or visit https://www.theibsnetwork.org/ where you will find further information about IBS</p>	