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.

SECTON A

<table>
<thead>
<tr>
<th>Question No.</th>
<th>Question text</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIntro</td>
<td>This questionnaire is participant specific. It should only be completed by you</td>
<td></td>
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<tr>
<td></td>
<td>First, we need to check a few things.</td>
<td></td>
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<tr>
<td>A1</td>
<td>Please confirm your month and year of birth</td>
<td>01 = January</td>
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<td>02 = February</td>
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<td>03 = March</td>
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<td>11 = November</td>
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<td>12 = December</td>
</tr>
</tbody>
</table>
| 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 |
| AINTRO | Now let’s continue from where you left off.... |
| ACLOSE | Now let’s start with a few general questions about IBS |

## SECTION B

| 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 |
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| B1f | When this discomfort or pain started, were your stools (bowel movements) looser? | 00 = Never or rarely  
1 = Sometimes  
2 = Often  
3 = Most of the time  
4 = Always  
DA = Prefer not to answer |
| B1g | When this discomfort or pain started, how often did you have harder stools? | 00 = Never or rarely  
1 = Sometimes  
2 = Often  
3 = Most of the time  
4 = 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  
1 = Sometimes  
2 = Often  
3 = Most of the time  
4 = 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  
1 = Sometimes  
2 = Often  
3 = Most of the time  
4 = 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?  
*Please move the slider to choose a number from 0 to 10, with 0 meaning “no pain” and 10 meaning “very severe”.*

- 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**.  
*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.*

- 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)  
*Women please ignore distension related to your period.* | 01 = Yes  
00 = No  
DA = Prefer not to answer |
| --- | --- | --- |
| C2a | How severe is your abdominal distension/tightness? *Please move the slider to choose a number from 0 to 10, with 0 meaning “no distension” and 10 meaning “very severe”.* | No distension 0 1 2 3 4 5 6 7 8 9 10 Very severe distension  
DA = Prefer not to answer |
| C3 | How happy /satisfied are you with your bowel habits? *Please move the slider to choose a number from 0 to 10, with 0 meaning “very happy” and 10 meaning “very unhappy”.* | 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. *Please move the slider to choose a number from 0 to 10, with 0 meaning “not at all” and 10 meaning “completely”.* | 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? *Please answer “0” if you have IBS but it doesn’t prevent you going to work.* | 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 = January
- 02 = February
- 03 = March
- 04 = April
- 05 = May
- 06 = June
- 07 = July
- 08 = August
- 09 = September
- 10 = October
- 11 = November
- 12 = December
- DK = Do not know

### D4c

**At work but suffering because of IBS?**

*Please answer "52" if your IBS affects you all the time at work.*

*Please answer "0" if your IBS does not affect you at work.*

- 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?

<table>
<thead>
<tr>
<th>E1a</th>
<th>Back pain</th>
<th>00 = Not bothered at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>01 = Bothered a little</td>
</tr>
<tr>
<td></td>
<td></td>
<td>02 = Bothered a lot</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DA = Prefer not to answer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E1b</th>
<th>Pain in your arms, legs, or joints (knees, hips etc.)</th>
<th>00 = Not bothered at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>01 = Bothered a little</td>
</tr>
<tr>
<td></td>
<td></td>
<td>02 = Bothered a lot</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DA = Prefer not to answer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E1c</th>
<th>Menstrual cramps or other problems with your periods</th>
<th>00 = Not bothered at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>01 = Bothered a little</td>
</tr>
<tr>
<td></td>
<td></td>
<td>02 = Bothered a lot</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DA = Prefer not to answer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NA = Not applicable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E1d</th>
<th>Headaches</th>
<th>00 = Not bothered at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>01 = Bothered a little</td>
</tr>
</tbody>
</table>
| E1e   | Chest pain | 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  |
| F1n | Trouble sleeping | 00 = Not bothered at all  
| | | 01 = Bothered a little  
| | | 02 = Bothered a lot  
| | | DA = Prefer not to answer |

**SECTION F**

**FINTRRO**

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 = 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 |

| 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**

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**

Please use the space below to tell us any further important information relevant to this questionnaire.

Please note: after you press the **Save and finish** button below, you will no longer be able to change your answers.

**CLOSE**

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