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Appendix II

The Impact-II (UK)-*english*

Question 1. How much has your stomach been hurting you during the last two weeks?

Not at all |-----| Very much

Question 2. Taking medicines or pills bothers me:

Not at all |-----| Very much

Question 3. Has your bowel condition prevented you from eating what you want in the last two weeks?

I could eat whatever I want |-----| I could hardly eat anything at all

Question 4. How much have you been worrying about having a flare-up in the last two weeks?

Not at all |-----| Very much

Question 5. How much does it bother you that you have a disease that doesn't just go away?

Not at all |-----| Very much

Question 6. How much energy have you had in the last two weeks?

A lot of energy |-----| No energy at all

Question 7. How do you feel about your weight?

I feel my weight is fine |-----| I feel my weight is awful

Question 8. How has your bowel condition affected your family?

The effect has been very good |-----| The effect has been very bad

Question 9. How often did you have to miss out on things (like hobbies, just playing, or going to parties) in the last two weeks?

Never |-----| Always

Question 10. How much have you been bothered by diarrhoea in the past two weeks?

Not at all |-----| Very much

Question 11. How much do you worry about health problems you might have in the future?

I don't worry at all |-----| I worry a lot

Question 12. How often do you feel it is unfair that you have this bowel condition?

Never |-----| Very often

Question 13. How often in the last two weeks have you been angry about your bowel condition?

Never |-----| Very often

Question 14. Do you feel that your parents or doctor are placing too many rules and restrictions on you because of your disease?

No, no rules or restrictions |-----| Yes, far too many rules and restrictions

Question 15. How do you feel about the way you look?

I think I look great |-----| I think I look awful

Question 16. Do you feel embarrassed about your bowel condition?

No, I don't feel embarrassed |-----| Yes, I feel very embarrassed

Question 17. Have you had fun in the last two weeks?

No, no fun at all |-----| Yes, lots of fun

Question 18. Does your bowel condition make it harder for you to make friends?

It's not hard at all |-----| Yes, it's very hard

Question 19. How much are you bothered by having blood with your bowel movement?

Not at all |-----| Very much

Question 20. Do you worry that your condition might get in the way of going out on a date or having a boyfriend or a girlfriend?

No, that does not bother me at all |-----| Yes, it bothers me a lot

Question 21. How often did you feel sick to your stomach during the past two weeks?

Never |-----| Always

Question 22. How do you feel about the tests and treatments that you have to go through?

I don't mind them at all |-----| I really hate them

Question 23. Do other children tease you or leave you out of things because of your bowel condition or its treatment?

No, never |-----| Yes, very often

Question 24. How often do you worry about surgery you might have in the future?

Never |-----| Very often

Question 25. During the past two weeks, how nervous or afraid have you been about not making it to the bathroom or having an accident?

Not afraid at all |-----| Very afraid

Question 26. Do you try and keep your bowel condition a secret from other people?

No, I don't try at all |-----| Yes, I try very hard

Question 27. Does your bowel condition give you trouble when you travel or go on a vacation?

No, no trouble |-----| Yes, a lot of trouble

Question 28. How have you felt in general during the last two weeks?

Very well |-----| Terrible

Question 29. Are you happy with your life?

Very happy |-----| Very unhappy

Question 30. Do you feel there is someone you can talk to about your bowel condition?

Yes, always |-----| No, never

Question 31. How much have you been bothered by having to pass gas during the last two weeks?

Not at all |-----| Very much

Question 32. How tired have you felt during the last two weeks?

Not tired at all |-----| Extremely tired

Question 33. How do you feel about your height?

I feel my height is fine |-----| I feel my height is awful

Question 34. Does your bowel condition get in the way of playing sports?

Not at all |-----| Very much

Question 35. Has your school been on a break during the past two weeks? (circle)

No Yes ⇒ End of questionnaire

↓

During those past two weeks I could

Always go to school |-----| Never go to school

End of questionnaire.

Thank you for filling it out. If you have any comments about this questionnaire or if you have any other remarks, please write them down in the following area.

