

Patient Reported Outcomes of Gastrointestinal Recovery (PRO-diGI) Questionnaire

This questionnaire is designed to help us to assess how your gut is working after your recent hospital admission either for surgery, or with a problem related to your bowels.

There are no right or wrong answers. Please answer by circling the number which best describes how your gut has worked since your hospital admission based upon your own experiences.

All the answers you give will be confidential.

SAMPLE COPY - DO NOT USE



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Since your hospital admission/operation...	Not at All	A Little	Quite a Bit	Very Much
1. Have you had nausea (felt sick)?	1	2	3	4
2. Have you vomited?	1	2	3	4
3. Have you had nausea (felt sick) after eating?	1	2	3	4
4. Have you vomited after eating?	1	2	3	4
5. Have you had to change the type of food you eat?	1	2	3	4
6. Have you had to limit how much you eat?	1	2	3	4
7. Have you been eating slower than usual?	1	2	3	4
8. Have you lost your appetite?	1	2	3	4
9. Have you had difficulty swallowing food?	1	2	3	4
10. Have you felt more tired than usual?	1	2	3	4
11. Have you felt weaker than usual?	1	2	3	4
12. Has it been difficult to do the activities you would like to do?	1	2	3	4
<p>Please only complete questions 13 to 15 if you have opened your bowels (done a poo) since your hospital admission/operation, otherwise please skip to question 16. You may also skip to question 16 if you are fitted with a stoma.</p>				
13. Have you had to rush to the toilet when you had the urge to open your bowels (do a poo)?	1	2	3	4
14. Have you had diarrhoea?	1	2	3	4
15. Has it been difficult to control your bowels (control when you poo)?	1	2	3	4
<p>16. Finally, we would like to know how good your gut function is today. Please give it a score from 0 to 10, where 0 means the worst gut function you can imagine and 10 means the best gut function you can imagine.</p>				
Rating of my gut function today (0-10)	<input type="text"/>			