



PBC-10 questionnaire

PBC-10 questions

Please answer all the questions to the best of your ability. If a particular question does not apply to you, or you do not know the answer to a particular question, simply write this on the questionnaire.

IN THE LAST FOUR WEEKS, how often did you experience any of the following?

1. I have felt embarrassed because of the itching	Never	Rarely	Occasionally	Frequently	Always	Does not apply
2. If I eat or drink a small amount and still felt bloated	Never	Rarely	Occasionally	Frequently	Always	Does not apply
3. My mouth was very dry	Never	Rarely	Occasionally	Frequently	Always	Does not apply
4. Fatigue interfered with my daily routine	Never	Rarely	Occasionally	Frequently	Always	Does not apply
5. I had to force myself to do the things I needed to do	Never	Rarely	Occasionally	Frequently	Always	Does not apply
6. If I was busy one day I needed at least another day to recover	Never	Rarely	Occasionally	Frequently	Always	Does not apply
7. Because of PBC, I found it difficult to concentrate on anything	Never	Rarely	Occasionally	Frequently	Always	Does not apply

Now some more general statements about how PBC may be affecting you as a person. How much do the following statements apply to you?

8. I feel guilty that I can't do what I used to do because of having PBC	Not at all	A little	Somewhat	Quite a bit	Very much	Not applicable
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These statements relate to the possible effects of PBC on your social life and your life overall. Thinking of your own situation, how much do you agree or disagree with them?

9. My social life has almost stopped	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
10. PBC has reduced the quality of my life	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree