

Questions to assess the possibility of a PBS/IC patient having associated disorders as a useful first screening for the presence of these diseases

1. Allergy

1.1 Have you ever had shortness of breath, shock, angioedema, pruritis or urticaria after exposure to or ingestion of a particular drug, food, pollen, or contact with an animal?

2. Asthma

2.1 Do you have recurrent episodes of dyspnoea, coughing and wheezing?

2.2 Are these symptoms seasonal, or do they occur shortly after exposure to antigens such as animal dander, feathers, dust mites or mould?

3. Crohn's disease and ulcerative colitis

3.1 Do you often have abdominal cramp, particularly after meals?

3.2 Have you lost weight? (what was your normal weight and what did you weigh at that time?)

3.3 Do you often have diarrhoea or loose stools?

3.4 Do you often see red blood with stools?

3.5 Have you in the past had unexplained anaemia?

3.6 Do you have/have you had fistulas?

4. Fibromyalgia

4.1 Do you have diffuse musculoskeletal achiness, stiffness or exaggerated tenderness?

4.2 Do you have visible swelling of the joints? (suggests another disease)

4.3 Do you have paraesthesia, non-restorative sleep and are you easily fatigued?

5. Irritable bowel syndrome

5.1 Do you often have abdominal pain or discomfort in association with defecation?

5.2 Do you have abdominal pain in association with a change in bowel habit?

5.3 Do you have disordered defecation such as abnormal stool frequency, abnormal stool form, defecation straining or urgency, a feeling of incomplete bowel emptying, mucus with stools or a bloated or swollen abdomen?

6. Rheumatoid arthritis

6.1 Do you have chronic symmetrical swelling and pain in multiple joints?

6.2 Do you have generalized morning stiffness lasting more than 1 hour?

7. Sjögren's syndrome

7.1 Have you had daily, persistent, troublesome dry eyes for more than 3 months?

7.2 Do you have a recurrent sensation of sand or gravel in the eyes?

7.3 Do you use tear substitutes more than 3 times a day?

7.4 Have you had a daily feeling of dry mouth for more than 3 months?

7.5 Have you had recurrently or persistently swollen salivary glands as an adult?

7.6 Do you frequently drink liquids to aid in swallowing dry food?

Systemic lupus erythematosus

8.1 Does the sun cause redness on areas of your skin exposed to a normal amount of sunlight?

8.2 Do you often have mouth ulcers or sores?

8.3 Do you often have painful swelling of the joints in your hands and/or feet?

8.4 Have you ever had pericarditis, pleurisy or nephritis?