

Patient ID

PBC-10 questionnaire of symptoms

Date :

For each statement, please circle the response that comes closest to how you feel.

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

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|--|-------|--------|-----------|------------------|--------|
| 1. I have felt embarrassed because of itching | Never | Rarely | Sometimes | Most of the time | Always |
| 2. If I ate or drank a small amount I still felt bloated | Never | Rarely | Sometimes | Most of the time | Always |
| 3. My mouth was very dry | Never | Rarely | Sometimes | Most of the time | Always |
| 4. Fatigue interfered with my daily routine | Never | Rarely | Sometimes | Most of the time | Always |
| 5. I had to force myself to do the things I needed to do | Never | Rarely | Sometimes | Most of the time | Always |
| 6. If I was busy one day I needed at least another day to recover | Never | Rarely | Sometimes | Most of the time | Always |
| 7. Because of PBC, I found it difficult to concentrate on anything | Never | Rarely | Sometimes | Most of the time | Always |

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

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|--|------------|----------|----------|-------------|-----------|
| 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 |
|--|------------|----------|----------|-------------|-----------|

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?

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|--|----------------|-------|----------------------------|----------|-------------------|
| 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 |