

## Crohn's and Ulcerative Colitis Quality of life Questionnaire -32 (CUCQ-32)

Date Completed:  
(DD-MMM-YYYY)

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The following questions ask for your views about your bowel problem and how it has affected your life over the **last two weeks**. Please answer all the questions. If you are unsure about how to answer any question, just give the best answer you can. Do not spend too much time answering, as your first thoughts are likely to be the most accurate. If you do not wish to answer any of these questions, please leave it blank and complete the details of the question and reason(s) why it was not answered.

1. On how many days over the last two weeks have you had loose or runny bowel movements? .....days

2. On how many days in the last two weeks have you noticed blood in your stools?  
..... days

3. On how many days over the last two weeks have you felt tired?  
.....days

4. In the last two weeks have you felt frustrated?

- a) No, not at all
- b) Yes, some of the time
- c) Yes, most of the time
- d) Yes, all of the time

5. In the last two weeks, has your bowel condition prevented you from carrying out your work or other normal activities?

- a) No, not at all
- b) Yes, some of the time
- c) Yes, most of the time
- d) Yes, all of the time

6. On how many days over the last two weeks have you opened your bowels more than three times a day? .....days

**7. On how many days over the last two weeks have you felt full of energy?**

.....days

**8. In the last two weeks did your bowel condition prevent you from going out socially?**

- a) No, not at all
- b) Yes, some of the time
- c) Yes, most of the time
- d) Yes, all of the time

**9. On how many days over the last two weeks have your bowels opened accidentally? .....**days

**10. On how many days over the last two weeks have you felt generally unwell?**

.....days

**11. In the last two weeks have you felt the need to keep close to a toilet?**

- a) No, not at all
- b) Yes, some of the time
- c) Yes, most of the time
- d) Yes, all of the time

**12. In the last two weeks, has your bowel condition affected your leisure or sports activities?**

- a) No, not at all
- b) Yes, some of the time
- c) Yes, most of the time
- d) Yes, all of the time

**13. On how many days over the last two weeks have you felt pain in your abdomen?**

..... days

**14. On how many nights over the last two weeks have you been unable to sleep well (days if you are a shift worker)? .....** nights (or days)

**15. On how many nights in the last two weeks have you had to get up to use the toilet because of your bowel condition after you have gone to bed?**

..... nights

**16. In the last two weeks have you felt depressed?**

- a) No, not at all
- b) Yes, some of the time
- c) Yes, most of the time
- d) Yes, all of the time

**17. In the last two weeks have you had to avoid attending events where there was no toilet close at hand?**

- a) No, not at all
- b) Yes, some of the time
- c) Yes, most of the time
- d) Yes, all of the time

**18. On how many days over the last two weeks, have you had a problem with large amounts of wind? .....**days

**19. On how many days over the last two weeks have you felt off your food?**

..... days

**20. Many patients with bowel problems have worries about their illness. How often during the last two weeks have you felt worried?**

- a) No, not at all
- b) Yes, some of the time
- c) Yes, most of the time
- d) Yes, all of the time

**21. On how many days over the last two weeks has your abdomen felt bloated?**

.....days

**22. In the last two weeks have you felt relaxed?**

- a) No, not at all
- b) Yes, some of the time
- c) Yes, most of the time
- d) Yes, all of the time

**23. In the last two weeks have you been embarrassed by your bowel problem?**

- a) No, not at all
- b) Yes, some of the time
- c) Yes, most of the time
- d) Yes, all of the time

**24. On how many days over the last two weeks have you wanted to go back to the toilet immediately after you thought you had emptied your bowels?**

..... days

**25. In the last two weeks have you felt upset?**

- a) No, not at all
- b) Yes, some of the time
- c) Yes, most of the time
- d) Yes, all of the time

**26. On how many days over the last two weeks have you had to rush to the toilet?**

..... days

**27. In the last two weeks have you felt angry as a result of your bowel problem?**

- a) No, not at all
- b) Yes, some of the time
- c) Yes, most of the time
- d) Yes, all of the time

**28. In the last two weeks, has your sex life been affected by your bowel problem?**

- a) No, not at all
- b) Yes, some of the time
- c) Yes, most of the time
- d) Yes, all of the time

**29. On how many days over the last two weeks have you felt sick?**

.....days

**30. In the last two weeks have you felt irritable?**

- a) No, not at all
- b) Yes, some of the time
- c) Yes, most of the time
- d) Yes, all of the time

**31. In the last two weeks have you felt lack of sympathy from others?**

- a) No, not at all
- b) Yes, some of the time
- c) Yes, most of the time
- d) Yes, all of the time

**32. In the last two weeks have you felt happy?**

- a) No, not at all
- b) Yes, some of the time
- c) Yes, most of the time
- d) Yes, all of the time

If you did not complete any of these questions, please record the question number(s) below and, if possible, give a reason why it was not completed.