

MUSIC CUCQ-32

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

Date Completed: --
(DD-MMM-YYYY)

Visit Type: ☐ Baseline ☐ 3 months ☐ 6 months ☐ 9 months ☐ 12 months

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 over the last two weeks have you felt generally unwell?
.....days

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

4. 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

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

6. 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

7. 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

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

..... days

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

.....days

10. 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

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

12. 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)

13. 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

14. 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

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15. 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

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

.....days

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

..... days

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

..... days

19. 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

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

21. 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

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

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23. 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

24. 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

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

.....days

26. 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

27. 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

28. 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

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29. 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

30. 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

31. 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

32. 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

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.