QUALITY OF LIFE QUESTIONNAIRE FOR
FUNCTIONAL DIGESTIVE DISORDERS

This questionnaire is strictly anonymous and confidential.

Investigator’s stamp:

Registration number: ___ ______ ______   ___ ____ (OFFICE USE ONLY)
How to fill in the questionnaire

The following questions are about your state of health over the last 14 days.
Please respond to all questions by ticking only one box per question.
Choose the response which best describes how you feel.

Please respond to all questions even if you think some are similar.
If you do not do certain activities (e.g. sport) tick "not applicable".

If you make a mistake, cross out the wrong answer ( □ ) and circle the one that best applies to you.

Please try to fill in this questionnaire on your own.

Thank you for your participation.
ACTIVITIES

Over the last 14 days, because of your digestive problems,

1. have you had any difficulties carrying out your daily activities?

- □ 1 Not at all
- □ 2 A little bit
- □ 3 Moderately
- □ 4 Quite a bit
- □ 5 Extremely

2. have you had to disrupt your daily activities?

- □ 1 Never
- □ 2 Rarely
- □ 3 Sometimes
- □ 4 Often
- □ 5 Always

3. have you had any difficulties carrying out your leisure activities (DIY, gardening, walks in the country...)?

- □ 1 Not at all
- □ 2 A little bit
- □ 3 Moderately
- □ 4 Quite a bit
- □ 5 Extremely

4. have you had any difficulties concentrating, especially when reading or listening to music?

- □ 1 Never
- □ 2 Rarely
- □ 3 Sometimes
- □ 4 Often
- □ 5 Always

5. have you felt restricted in performing strenuous physical activities like running, lifting heavy objects, pushing a table...?

- □ 1 Not at all
- □ 2 A little bit
- □ 3 Moderately
- □ 4 Quite a bit
- □ 5 Extremely
- □ 6 Not applicable
Over the last 14 days, because of your digestive problems,

6. has the quality of your work (including work in the home) suffered?

☐ 1 Not at all  ☐ 2 A little bit  ☐ 3 Moderately  ☐ 4 Quite a bit  ☐ 5 Extremely

7. has it taken you longer to perform certain tasks at work (including work in the home)?

☐ 1 Not at all  ☐ 2 A little bit  ☐ 3 Moderately  ☐ 4 Quite a bit  ☐ 5 Extremely

8. have you thought that your digestive problems were preventing you from doing your job as you would like to?

☐ 1 Never  ☐ 2 Rarely  ☐ 3 Sometimes  ☐ 4 Often  ☐ 5 Always  ☐ 6 Not applicable
ANXIETY

9. Are you afraid that your digestive problems could get worse in the future?

☐ 1 Not at all  ☐ 2 A little bit  ☐ 3 Moderately  ☐ 4 Quite a bit  ☐ 5 Extremely

10. Do you fear digestive cancer?

☐ 1 Not at all  ☐ 2 A little bit  ☐ 3 Moderately  ☐ 4 Quite a bit  ☐ 5 Extremely

11. Are you afraid that the medicine you have been taking for your digestive problems will become less effective with time?

☐ 1 Not at all  ☐ 2 A little bit  ☐ 3 Moderately  ☐ 4 Quite a bit  ☐ 5 Extremely  ☐ 6 Not applicable

Over the last 14 days,

12. have you been worried about not knowing when the next bout of digestive pains or problems would arise?

☐ 1 Never  ☐ 2 Rarely  ☐ 3 Sometimes  ☐ 4 Often  ☐ 5 Always

13. has the slightest worsening of your pain or bowel function worried you?

☐ 1 Never  ☐ 2 Rarely  ☐ 3 Sometimes  ☐ 4 Often  ☐ 5 Always
### DIET

14. Are you afraid that a change in diet at weekends or on holiday could trigger off your digestive problems?

<table>
<thead>
<tr>
<th></th>
<th>1 Not at all</th>
<th>2 A little bit</th>
<th>3 Moderately</th>
<th>4 Quite a bit</th>
<th>5 Extremely</th>
<th>6 Not applicable</th>
</tr>
</thead>
</table>

15. Do you think you are more sensitive to certain foods than other people are?

<table>
<thead>
<tr>
<th></th>
<th>1 Not at all</th>
<th>2 A little bit</th>
<th>3 Moderately</th>
<th>4 Quite a bit</th>
<th>5 Extremely</th>
</tr>
</thead>
</table>

**Over the last 14 days, because of your digestive problems,**

16. have you felt frustrated about not being able to eat like everyone else?

<table>
<thead>
<tr>
<th></th>
<th>1 Never</th>
<th>2 Rarely</th>
<th>3 Sometimes</th>
<th>4 Often</th>
<th>5 Always</th>
</tr>
</thead>
</table>

17. have you been careful about what you have eaten or drunk?

<table>
<thead>
<tr>
<th></th>
<th>1 Never</th>
<th>2 Rarely</th>
<th>3 Sometimes</th>
<th>4 Often</th>
<th>5 Always</th>
</tr>
</thead>
</table>

18. have you felt obliged to follow a very strict diet?

<table>
<thead>
<tr>
<th></th>
<th>1 Never</th>
<th>2 Rarely</th>
<th>3 Sometimes</th>
<th>4 Often</th>
<th>5 Always</th>
</tr>
</thead>
</table>

19. has it been hard for you to eat in a restaurant or at friends’?

<table>
<thead>
<tr>
<th></th>
<th>1 Not at all</th>
<th>2 A little bit</th>
<th>3 Moderately</th>
<th>4 Quite a bit</th>
<th>5 Extremely</th>
<th>6 Not applicable</th>
</tr>
</thead>
</table>
SLEEP

Over the last 14 days,

20. despite your digestive problems, have you been able to fall asleep easily?

☐ 1  Never   ☐ 2  Rarely   ☐ 3  Sometimes   ☐ 4  Often   ☐ 5  Always

21. because of digestive pains or problems have you been woken up from sleep?

☐ 1  Never   ☐ 2  Rarely   ☐ 3  Sometimes   ☐ 4  Often   ☐ 5  Always

22. have your digestive problems kept you awake for most of the night?

☐ 1  Never   ☐ 2  Rarely   ☐ 3  Sometimes   ☐ 4  Often   ☐ 5  Always
DISCOMFORT

23. When you are invited to friends’ or to an evening out, are you afraid of having flatulence (wind), belching, a rumbling stomach, an urgent need to have a bowel movement...?

☐ 1 Not at all  ☐ 2 A little bit  ☐ 3 Moderately  ☐ 4 Quite a bit  ☐ 5 Extremely  ☐ 6 Not applicable

Over the last 14 days,

24. have you been bothered by flatulence (wind)?

☐ 1 Not at all  ☐ 2 A little bit  ☐ 3 Moderately  ☐ 4 Quite a bit  ☐ 5 Extremely

25. have you been bothered by your stomach rumbling?

☐ 1 Not at all  ☐ 2 A little bit  ☐ 3 Moderately  ☐ 4 Quite a bit  ☐ 5 Extremely

26. have you been bothered by a bloated stomach?

☐ 1 Not at all  ☐ 2 A little bit  ☐ 3 Moderately  ☐ 4 Quite a bit  ☐ 5 Extremely

27. has it been difficult for you to have a bowel movement when away from home?

☐ 1 Not at all  ☐ 2 A little bit  ☐ 3 Moderately  ☐ 4 Quite a bit  ☐ 5 Extremely  ☐ 6 Not applicable

Over the last 14 days,
28. have you had to loosen your belt or even lie down after meals?

☐ 1  Never  ☐ 2  Rarely  ☐ 3  Sometimes  ☐ 4  Often  ☐ 5  Always

29. have you avoided wearing tight clothes?

☐ 1  Never  ☐ 2  Rarely  ☐ 3  Sometimes  ☐ 4  Often  ☐ 5  Always

30. have you been satisfied with your bowel function?

☐ 1  Not at all  ☐ 2  A little bit  ☐ 3  Moderately  ☐ 4  Quite a bit  ☐ 5  Extremely

31. have you been satisfied with your digestion?

☐ 1  Not at all  ☐ 2  A little bit  ☐ 3  Moderately  ☐ 4  Quite a bit  ☐ 5  Extremely
Note!
The following sentences are statements. Please indicate whether you agree or disagree with these statements.

HEALTH PERCEPTIONS

32. I feel that my health is more delicate than other people's.

☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5
  Totally disagree  Mostly disagree  Don't know  Mostly agree  Totally agree

33. I consider my health to be excellent.

☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5
  Totally disagree  Mostly disagree  Don't know  Mostly agree  Totally agree

34. I will have a hearty meal with friends or at family gatherings even if it is sure to make my digestive problems worse.

☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5
  Totally disagree  Mostly disagree  Don't know  Mostly agree  Totally agree

35. Despite my digestive problems, I think that over the next few years, I will be able to achieve the things that matter to me (career, family life, retirement...).

☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5
  Totally disagree  Mostly disagree  Don't know  Mostly agree  Totally agree

36. I attach little importance to my digestive pains, even if they can bother me in everyday life.

☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5
  Totally disagree  Mostly disagree  Don't know  Mostly agree  Totally agree

37. Despite my digestive problems I can live a normal life.

☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5
  Totally disagree  Mostly disagree  Don't know  Mostly agree  Totally agree
COPING

38. I feel that nothing I can do will change my digestive problems.

[ ] 1 Totally disagree  [ ] 2 Mostly disagree  [ ] 3 Don’t know  [ ] 4 Mostly agree  [ ] 5 Totally agree

39. I feel that I am not in control of the situation.

[ ] 1 Totally disagree  [ ] 2 Mostly disagree  [ ] 3 Don’t know  [ ] 4 Mostly agree  [ ] 5 Totally agree

40. I have no idea what I should do when I have my digestive problems.

[ ] 1 Totally disagree  [ ] 2 Mostly disagree  [ ] 3 Don’t know  [ ] 4 Mostly agree  [ ] 5 Totally agree

IMPACT OF STRESS

41. I believe that any stress can cause my digestive problems.

[ ] 1 Totally disagree  [ ] 2 Mostly disagree  [ ] 3 Don’t know  [ ] 4 Mostly agree  [ ] 5 Totally agree

42. Major aggravation sets off my digestive problems.

[ ] 1 Totally disagree  [ ] 2 Mostly disagree  [ ] 3 Don’t know  [ ] 4 Mostly agree  [ ] 5 Totally agree

43. The least aggravation starts off my digestive problems.

[ ] 1 Totally disagree  [ ] 2 Mostly disagree  [ ] 3 Don’t know  [ ] 4 Mostly agree  [ ] 5 Totally agree