CLIQ

Crohn's Life Impact Questionnaire

Please read this carefully

On the following pages you will find some statements that have been made by people who have Crohn's.

Please read each statement carefully.

Please follow carefully the instructions for each section and choose the response that best applies to you

today

Quality of Life

Please read each statement carefully and put a tick \square next to the response that applies best to you \underline{today}

| True Not True | 1. I avoid eating large meals |
|------------------|---|
| True Not True | 2. I worry about where the nearest toilet is |
| True Not True | 3. I need a lot of time to do things in the morning |
| True Not True | 4. I find it hard to manage |
| | |
| True Not True | 5. There is not much fun in my life |
| True Not True | 6. I have lost interest in sex |
| True Not True | 7. I often feel lonely |
| True Not True | 8. It affects my image of myself |