

LIVING WITH COELIAC DISEASE

This questionnaire asks how your **coeliac disease** has affected your life during the **past 4 weeks**.

Please tick **one** box for **each** question.

These questions relate to your coeliac disease.

During the past 4 weeks, how often...	Never	Rarely	Sometimes	Often	Always
1. have you worried that you might become ill after eating food prepared by others (for example, at other people's houses, restaurants, or cafés)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. have you felt as though you might appear to be making a fuss about your dietary needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. have you felt that people misunderstood your coeliac disease or dietary needs (for example, thinking you follow a gluten-free diet as a personal choice rather than for your coeliac disease)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. have you found it difficult to let people know they have misunderstood your coeliac disease or dietary needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. have you received unwanted attention because of your coeliac disease or dietary needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. have you felt guilty about the impact of your coeliac disease on friends and family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. have you felt worried that a family member may have or could develop coeliac disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. have you felt concerned about developing a health problem related to your coeliac disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. have you been bothered by your bowel movements (for example, diarrhoea, loose stools, or constipation)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. have you had bloating in your abdomen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These questions relate to your coeliac disease.

During the past 4 weeks, how often...	Never	Rarely	Sometimes	Often	Always
11. have you had nausea or vomiting that you think was caused by your coeliac disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. have you had pain that you think was caused by your coeliac disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. have you had tiredness or a lack of energy that you think was caused by your coeliac disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. have your daily activities been limited by your coeliac disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. have you worried that you would become ill when you were not at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. have you felt isolated from others because of your coeliac disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. have you avoided social activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. have you avoided going out to eat (for example, at a friend's house, restaurant, or café)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. have you worried that you would accidentally eat or drink products that contain gluten?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. have you been concerned about cross-contamination (gluten-free food coming into contact with food that contains gluten)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. have you felt uncomfortable refusing unsuitable food or drink from other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. have you felt down or in low spirits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. have you felt you were a nuisance to other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. have you felt guilty about other people buying gluten-free substitute foods for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. have you felt annoyed or frustrated about the cost of gluten-free substitute foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These questions relate to your coeliac disease.

During the past 4 weeks, how often...	Never	Rarely	Sometimes	Often	Always
26. have you had difficulty finding suitable food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. have you craved food or drinks that contain gluten?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. have you been disappointed with the taste or texture of gluten-free substitutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. have you felt burdened by the time taken to find or make gluten-free food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. have you had difficulty finding something to eat when you were not at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. have you been frustrated by the choice of suitable food available (for example, in supermarkets, cafés or restaurants)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. have you felt frustrated by having to plan ahead (for example, taking food with you, or choosing restaurants)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing this questionnaire.