

**Supplementary Appendix 2.** Crohn's and Ulcerative Colitis Questionnaire-8 (CUCQ-8)

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

The following questions ask for your views about your bowel problem and how it has affected your life over the last 2 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 2 weeks have you felt tired?  
..... days
2. In the last 2 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
3. On how many days over the last 2 weeks have you felt generally unwell?  
..... days
4. On how many days over the last 2 weeks have you felt pain in your abdomen?  
..... days
5. On how many nights in the last 2 weeks have you had to get up to use the toilet because of your bowel condition after you have gone to bed?  
..... nights
6. On how many days over the last 2 weeks has your abdomen felt bloated?  
..... days
7. In the last 2 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
8. On how many days over the last 2 weeks have you had to rush to the toilet?  
..... days

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.