

HEALTH-RELATED QUALITY OF LIFE QUESTIONNAIRE FOR *CLOSTRIDIUM DIFFICILE* INFECTION (*C. diff* infection)

How to fill the questionnaire

The following questions are about your state of health over the last 7 days. Each question has five different responses. For each statement, please circle or check the corresponding box for the response that best describes your feelings. Please respond to all questions even if you think some are similar. Please do not leave any question unanswered. If you make a mistake, cross out the wrong answer and circle or check the corresponding box for the one that best applies to you. Thank you for your participation.

DAILY ACTIVITIES

Over the last 7 days, because of your *C. diff* infection,

1. Have you had any difficulties and/or disruption carrying out your daily activities?

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Not at all | A little bit | Moderately | Quite a bit | Extremely |

2. Have you had any difficulties carrying out your leisure activities like gardening, walking, etc?

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Not at all | A little bit | Moderately | Quite a bit | Extremely |

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

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Not at all | A little bit | Moderately | Quite a bit | Extremely |

4. Has your *C. diff* infection prevented you from leaving your house?

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Never | Rarely | Sometimes | Often | Always |

ANXIETY

5. Are you afraid that your *C. diff* infection could come back again?

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Not at all | A little bit | Moderately | Quite a bit | Extremely |

6. Are you afraid that your *C. diff* infection could get worse in the future?

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Not at all | A little bit | Moderately | Quite a bit | Extremely |

7. Are you afraid that the next time you'll need antibiotics, your *C. diff* infection will appear again?

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|

Not at all A little bit Moderately Quite a bit Extremely

Over the last 7 days,

8. Have you been worried about not knowing when the next diarrhea would arise?

₁ ₂ ₃ ₄ ₅
Never Rarely Sometimes Often Always

DIET

9. Are you afraid that certain food will worsen your *C. diff* infection?

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

Over the last 7 days, because of your *C. diff* infection,

10. Have you felt frustrated about what you can eat and when?

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

SLEEP

Over the last 7 days,

11. Because of your *C. diff* infection, have you had trouble sleeping?

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Never | Rarely | Sometimes | Often | Always |

12. Because of your *C. diff* infection have you been woken up from sleep?

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Never | Rarely | Sometimes | Often | Always |

DISCOMFORT

Over the last 7 days,

13. Have you been bothered by abdominal pain?

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Not at all | A little bit | Moderately | Quite a bit | Extremely |

14. Have you been bothered by flatulence (wind)?

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Not at all | A little bit | Moderately | Quite a bit | Extremely |

15. Have you been bothered by a bloated stomach?

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Not at all | A little bit | Moderately | Quite a bit | Extremely |

16. Have you avoided wearing some clothes (tight clothes, dress, light-colored clothes ...)?

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Never | Rarely | Sometimes | Often | Always |

17. Have you been bothered by the smell caused by your *C. diff* infection related diarrhea?

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Never | Rarely | Sometimes | Often | Always |

18. Have you been bothered by how much time you spend on the toilet?

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Never | Rarely | Sometimes | Often | Always |

COPING WITH DISEASE/ HEALTH PERCEPTION

Note! The following sentences are statements. Please indicate whether you agree or disagree with these statements.

19. Despite my C diff infection I can live a normal life.

₁

Totally disagree

₂

Mostly disagree

₃

Don't know

₄

Mostly agree

₅

Totally agree

CONTROL OF DISEASE

20. I feel that I am not in control of my *C. diff* infection.

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Totally disagree	Mostly disagree	Don't know	Mostly agree	Totally agree

21. I have no idea what I should do when I have my *C. Diff* infection?

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Totally disagree	Mostly disagree	Don't know	Mostly agree	Totally agree

IMPACT OF STRESS

22. I believe that any stress can worsen my *C. diff* infection.

 ₁

Totally disagree

 ₂

Mostly disagree

 ₃

Don't know

 ₄

Mostly agree

 ₅

Totally agree

DYSPHORIA

23. I feel irritable because of my *C. diff* infection.

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Totally disagree	Mostly disagree	Don't know	Mostly agree	Totally agree

24. I feel isolated from others because of my *C. diff* infection.

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Totally disagree	Mostly disagree	Don't know	Mostly agree	Totally agree

25. I feel depressed because of my *C. diff* infection

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Totally disagree	Mostly disagree	Don't know	Mostly agree	Totally agree

26. I feel my life is less enjoyable because of my *C. diff* infection.

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Totally disagree	Mostly disagree	Don't know	Mostly agree	Totally agree

27. I worry about transmitting my *C. diff* infection to my family and/or friends.

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Totally disagree	Mostly disagree	Don't know	Mostly agree	Totally agree

28. I feel much stressed because of my *C. diff* infection.

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Totally disagree	Mostly disagree	Don't know	Mostly agree	Totally agree

RELATIONSHIPS

29. Because of my *C. diff* infection, I have difficulty being around people I do not know.

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Totally disagree	Mostly disagree	Don't know	Mostly agree	Totally agree

30. My *C. diff* infection is affecting my closest relationships.

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Totally disagree	Mostly disagree	Don't know	Mostly agree	Totally agree

SOCIAL REACTION

31. I feel like I irritate others because of my *C. diff* infection.

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Totally disagree	Mostly disagree	Don't know	Mostly agree	Totally agree

32. How would you rate your overall quality of life during the past week (that is, how have things been going for you)?

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Very bad: could hardly be worse	Pretty bad	Good and bad part about equals	Pretty good	Very well: could hardly be better