

Colorectal-Anal Impact Questionnaire (CRAIQ-7)

Patient Name: _____

Date: _____

DOB: _____

Instructions:

Over the past 3 months, for each of the following 7 items, please check how much your **bowel / rectum (colorectal-anal)** symptoms have affected your activities, relationships, or feelings.

Response Scale:

0 = Not at all 1 = Somewhat 2 = Moderately 3 = Quite a bit

#	Item	Response (Circle One)
1	Ability to do household chores (cooking, cleaning, laundry)	0 1 2 3
2	Ability to do physical activities (walking, swimming, exercise)	0 1 2 3
3	Entertainment activities (going to a movie, concert, etc.)	0 1 2 3
4	Ability to travel by car or bus for >30 minutes	0 1 2 3
5	Participating in social activities outside your home	0 1 2 3
6	Emotional health (nervousness, depression, etc.)	0 1 2 3
7	Feeling frustrated	0 1 2 3

Scoring Instructions:

- Compute the **mean** of the 7 answered items (sum ÷ 7).
- Multiply the mean by **(100/3)** to scale to a 0–100 range.
- Higher scores indicate greater impact of colorectal-anal symptoms.