


No.	Item Description	Data Value
B	Date of assessment DB Name: [zFormDate]	 (dd-mmm-yyyy) Complete
1	Do you say that an episode starts when: (Check all that apply)	<input type="checkbox"/> Q01M1 - Nausea begins <input type="checkbox"/> Q01M2 - Pain begins <input type="checkbox"/> Q01M3 - Pain becomes severe <input type="checkbox"/> Q01M4 - Vomiting begins <input type="checkbox"/> Q01M5 - Several symptoms occur together <input type="checkbox"/> Q01M6 - Symptoms are occurring for a period of time <input type="checkbox"/> Q01M7 - Unable to maintain usual work or home activities <input type="checkbox"/> Q01M8 - Need to go to the emergency room or doctor's office for help
2	Which of the options you selected in question 1 are most important to you? (Check all that apply)	<input type="checkbox"/> Q02M0 - None <input type="checkbox"/> Q02M1 - Nausea begins <input type="checkbox"/> Q02M2 - Pain begins <input type="checkbox"/> Q02M3 - Pain becomes severe <input type="checkbox"/> Q02M4 - Vomiting begins <input type="checkbox"/> Q02M5 - Several symptoms occur together <input type="checkbox"/> Q02M6 - Symptoms are occurring for a period of time <input type="checkbox"/> Q02M7 - Unable to maintain usual work or home activities <input type="checkbox"/> Q02M8 - Need to go to the emergency room or doctor's office for help
3	Which of the options you selected would lead you to go to the emergency room? (Check all that apply)	<input type="checkbox"/> Q03M0 - None <input type="checkbox"/> Q03M1 - Nausea begins <input type="checkbox"/> Q03M2 - Pain begins <input type="checkbox"/> Q03M3 - Pain becomes severe <input type="checkbox"/> Q03M4 - Vomiting begins <input type="checkbox"/> Q03M5 - Several symptoms occur together <input type="checkbox"/> Q03M6 - Symptoms are occurring for a period of time <input type="checkbox"/> Q03M7 - Unable to maintain usual work or home activities
About the end of an episode.		
4	Do you feel that the episode ends when: (Check all that apply)	<input type="checkbox"/> Q04M1 - Pain severity is reduced <input type="checkbox"/> Q04M2 - Vomiting stops <input type="checkbox"/> Q04M3 - Nausea goes away <input type="checkbox"/> Q04M4 - Symptoms in general are reduced to the point that you can tolerate them <input type="checkbox"/> Q04M5 - Symptoms in general are reduced to the point where you can function in usual work or home activities <input type="checkbox"/> Q04M6 - Symptoms in general are relieved for a period of time <input type="checkbox"/> Q04M7 - Symptoms are completely gone
5	Which of the options you selected in question 4 are most important to you?	<input type="checkbox"/> Q05M0 - None <input type="checkbox"/> Q05M1 - Pain severity is reduced <input type="checkbox"/> Q05M2 - Vomiting stops <input type="checkbox"/> Q05M3 - Nausea goes away <input type="checkbox"/> Q05M4 - Symptoms in general are reduced to the point that you can tolerate them <input type="checkbox"/> Q05M5 - Symptoms in general are reduced to the point where you can function in usual work or home activities <input type="checkbox"/> Q05M6 - Symptoms in general are relieved for a period of time <input type="checkbox"/> Q05M7 - Symptoms are completely gone
6	When you say that something "relieves" the pain, do you mean that it has: DB Name: [Q06]	<input type="radio"/> 1 - Completely gone for ever <input type="radio"/> 2 - Completely gone for a while <input type="radio"/> 3 - Somewhat better for a while <input type="radio"/> 4 - Somewhat better only briefly

C	General Comments DB Name: [zNotes]	<div>(250 char.)</div>
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