

No.	Data Item	Data Value
a	Data collected? DB Name: [ zDataCollected ]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=58 and zItemNb>=0 ]
b	Date of assessment DB Name: [ zFormDate ]	<div> <div></div> <div></div> <div></div> <div></div> </div> <i>Complete Date</i>
1	In the last 6 months, how often did you have steady pain in the middle or right side of your upper abdomen? (If "Never," form is complete) DB Name: [ Q01 ]	<input type="radio"/> 0 - 0 = Never <input type="radio"/> 1 - 1 = Less than one day a month <input type="radio"/> 2 - 2 = One day a month <input type="radio"/> 3 - 3 = Two to three days a month <input type="radio"/> 4 - 4 = One day a week <input type="radio"/> 5 - 5 = More than one day a week <input type="radio"/> 6 - 6 = Everyday Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=119 ]
2	Did this pain last 30 minutes or longer? DB Name: [ Q02 ]	<input type="radio"/> 0 - 0 = Never or rarely <input type="radio"/> 1 - 1 = Sometimes <input type="radio"/> 2 - 2 = Often <input type="radio"/> 3 - 3 = Most of the time <input type="radio"/> 4 - 4 = Always Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=120 ]
3	Did this pain build up to a steady, severe level? DB Name: [ Q03 ]	<input type="radio"/> 0 - 0 = Never or rarely <input type="radio"/> 1 - 1 = Sometimes <input type="radio"/> 2 - 2 = Often <input type="radio"/> 3 - 3 = Most of the time <input type="radio"/> 4 - 4 = Always Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=120 ]
4	Did this pain go away completely between episodes? DB Name: [ Q04 ]	<input type="radio"/> 0 - 0 = Never or rarely <input type="radio"/> 1 - 1 = Sometimes <input type="radio"/> 2 - 2 = Often <input type="radio"/> 3 - 3 = Most of the time <input type="radio"/> 4 - 4 = Always Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=120 ]
5	How often did this discomfort or pain get better or stop after you had a	<input type="radio"/> 0 - 0 = Never or rarely <input type="radio"/> 1 - 1 = Sometimes <input type="radio"/> 2 - 2 = Often <input type="radio"/> 3 - 3 = Most of the time <input type="radio"/> 4 - 4 = Always

	<p>bowel movement?</p> <p>DB Name: [ Q05 ]</p>	<p>Data Source: [ zCodelItem ]</p> <p>Data Field: [ zItemNb ]</p> <p>Label Field: [ zItemNm ]</p> <p>Filter: [ zGroupID=120 ]</p>
6	<p>Did this pain stop you from your usual activities, or cause you to see a doctor urgently or go to the emergency department?</p> <p>DB Name: [ Q06 ]</p>	<p> <input type="radio"/> 0 - 0 = Never or rarely  <input type="radio"/> 1 - 1 = Sometimes  <input type="radio"/> 2 - 2 = Often  <input type="radio"/> 3 - 3 = Most of the time  <input type="radio"/> 4 - 4 = Always         </p> <p>Data Source: [ zCodelItem ]</p> <p>Data Field: [ zItemNb ]</p> <p>Label Field: [ zItemNm ]</p> <p>Filter: [ zGroupID=120 ]</p>
7	<p>Was this pain or burning relieved by taking antacids?</p> <p>DB Name: [ Q07 ]</p>	<p> <input type="radio"/> 0 - 0 = Never or rarely  <input type="radio"/> 1 - 1 = Sometimes  <input type="radio"/> 2 - 2 = Often  <input type="radio"/> 3 - 3 = Most of the time  <input type="radio"/> 4 - 4 = Always         </p> <p>Data Source: [ zCodelItem ]</p> <p>Data Field: [ zItemNb ]</p> <p>Label Field: [ zItemNm ]</p> <p>Filter: [ zGroupID=120 ]</p>
8	<p>How often was this pain or discomfort relieved by moving or changing positions?</p> <p>DB Name: [ Q08 ]</p>	<p> <input type="radio"/> 0 - 0 = Never or rarely  <input type="radio"/> 1 - 1 = Sometimes  <input type="radio"/> 2 - 2 = Often  <input type="radio"/> 3 - 3 = Most of the time  <input type="radio"/> 4 - 4 = Always         </p> <p>Data Source: [ zCodelItem ]</p> <p>Data Field: [ zItemNb ]</p> <p>Label Field: [ zItemNm ]</p> <p>Filter: [ zGroupID=120 ]</p>
9	<p>Have you had your gallbladder removed? (If "No," form is complete)</p> <p>DB Name: [ Q09 ]</p>	<p> <input type="radio"/> 0 - No    <input type="radio"/> 1 - Yes         </p> <p>Data Source: [ zCodelItem ]</p> <p>Data Field: [ zItemNb ]</p> <p>Label Field: [ zItemNm ]</p> <p>Filter: [ zGroupID=51 ]</p>
10	<p>How often have you had this pain since your gallbladder was removed?</p> <p>DB Name: [ Q10 ]</p>	<p> <input type="radio"/> 0 - 0 = Never or rarely  <input type="radio"/> 1 - 1 = Sometimes  <input type="radio"/> 2 - 2 = Often  <input type="radio"/> 3 - 3 = Most of the time  <input type="radio"/> 4 - 4 = Always         </p> <p>Data Source: [ zCodelItem ]</p> <p>Data Field: [ zItemNb ]</p> <p>Label Field: [ zItemNm ]</p> <p>Filter: [ zGroupID=120 ]</p>
c	<p>General Comments</p> <p>DB Name: [ zNotes ]</p>	

		250 char.
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