No.	Data Item	Data Value
a	Data collected? DB Name: [zDataCollected]	◉ 0 - No ◉ 1 - Yes Data Source: [zCodeItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=58 and zItemNb>=0]
b	Date of assessment DB Name: [zFormDate]	*Complete Date*
1	Number of visits to the ER for your pain problem in the past 30 days. DB Name: [Q01]	*visits*
2	Number of hospital admissions for your pain problem in the past 30 days. DB Name: [Q02]	*visits*
3	Total days in the hospital (If none, enter 0) DB Name: [Q03]	*days*
4	Were any biliary-related procedures performed since last study visit? DB Name: [Q04]	◉ 0 - No ◉ 1 - Yes Data Source: [zCodeItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=51]
5-1	Procedures performed:	☐ ERCP ☐ EUS ☐ Abdominal Ultrasound ☐ CT ☐ MRCP ☐ MRI ☐ Surgery ☐ Celiac Plexus Block ☐ Other
6	If other, specify. DB Name: [Q06]	*100 char.*
7	Was the subject referred to Evaluating	◉ 0 - No ◉ 1 - Yes Data Source: [zCodeItem] Data Field: [zItemNb]

		Physician? DB Name: [Q07]	Label Field: [zItemNm] Filter: [zGroupID=51]
c		General Comments DB Name: [zNotes]	
			250 char.