

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> <i>Complete Date</i>
Symptoms in the Esophagus		
1	In the last 3 months, how often did you have a feeling of a lump, fullness, or something stuck in your throat? (If "never", skip to question #4) 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=184 ]
2	Have you had this feeling 6 months or longer? DB Name: [ Q02 ]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=51 ]
3	Does this feeling occur between meals (when you are not eating)? DB Name: [ Q03 ]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=51 ]
4	When you are eating or drinking, does it hurt to swallow? 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=185 ]
5	In the last 3 months, how often did you have pain or discomfort in the middle of your chest (not related to heart problems)? (If "never", skip to question #8)	<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 ]

	DB Name: [ Q05 ]	Label Field: [ zItemNm ] Filter: [ zGroupID=184 ]
6	Have you had this chest pain 6 months or longer? DB Name: [ Q06 ]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=51 ]
7	When you had your chest pain, how often did it feel like burning? DB Name: [ Q07 ]	<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=185 ]
8	In the last 3 months, how often did you have heartburn (a burning discomfort or burning pain in your chest)? (If "never", skip to question #10) DB Name: [ Q08 ]	<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=184 ]
9	Have you had this heartburn (burning pain or discomfort in the chest) 6 months or longer? DB Name: [ Q09 ]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=51 ]
10	In the last 3 months, how often did food or drinks get stuck after swallowing or go down slowly through your chest? (If "never", skip to question #13) DB Name: [ Q10 ]	<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=184 ]
11	Was the symptom of food sticking associated with heartburn? DB Name: [ Q11 ]	<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=185 ]
12	Have you had this problem 6 months or longer? DB Name: [ Q12 ]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=51 ]
13	In the last 3 months, how often did you feel uncomfortably full after a regular-sized meal? (If "never", skip to question #15) DB Name: [ Q13 ]	<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=184 ]
14	Have you had this uncomfortable fullness after meals 6 months or longer? DB Name: [ Q14 ]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=51 ]
15	In the last 3 months, how often were you unable to finish a regular-sized meal? (If "Never," skip to question 17) DB Name: [ Q15 ]	<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=184 ]
16	Have you had this inability to finish regular-sized meals 6 months or longer? DB Name: [ Q16 ]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=51 ]
Symptoms in the Stomach and Intestines		
17	In the last 3 months, how often did you have pain or burning in the middle of your abdomen, above your belly button but not in your chest? (If	<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 ]

	<p>“never”, skip to question #26) DB Name: [ Q17 ]</p>	<p>Label Field: [ zItemNm ] Filter: [ zGroupID=184 ]</p>
18	<p>Have you had this pain or burning 6 months or longer? DB Name: [ Q18 ]</p>	<p> <input type="radio"/> 0 - No    <input type="radio"/> 1 - Yes            Data Source: [ zCodelItem ]            Data Field: [ zItemNb ]            Label Field: [ zItemNm ]            Filter: [ zGroupID=51 ]         </p>
19	<p>Did this pain or burning occur and then completely disappear during the same day? DB Name: [ Q19 ]</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            Data Source: [ zCodelItem ]            Data Field: [ zItemNb ]            Label Field: [ zItemNm ]            Filter: [ zGroupID=185 ]         </p>
20	<p>Usually, how severe was the pain or burning in the middle of your abdomen above your belly button? DB Name: [ Q20 ]</p>	<p> <input type="radio"/> 1 - 1 = Very mild  <input type="radio"/> 2 - 2 = Mild  <input type="radio"/> 3 - 3 = Moderate  <input type="radio"/> 4 - 4 = Severe  <input type="radio"/> 5 - 5 = Very severe            Data Source: [ zCodelItem ]            Data Field: [ zItemNb ]            Label Field: [ zItemNm ]            Filter: [ zGroupID=186 ]         </p>
21	<p>Was the pain or burning affected by eating? DB Name: [ Q21 ]</p>	<p> <input type="radio"/> 0 - 0 = Not affected by eating  <input type="radio"/> 1 - 1 = Worse pain after eating  <input type="radio"/> 2 - 2 = Less pain after eating            Data Source: [ zCodelItem ]            Data Field: [ zItemNb ]            Label Field: [ zItemNm ]            Filter: [ zGroupID=187 ]         </p>
22	<p>Was this pain or burning relieved by taking antacids? DB Name: [ Q22 ]</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            Data Source: [ zCodelItem ]            Data Field: [ zItemNb ]            Label Field: [ zItemNm ]            Filter: [ zGroupID=185 ]         </p>
23	<p>Did this pain or burning usually get better or stop after a bowel movement or passing gas? DB Name: [ Q23 ]</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            Data Source: [ zCodelItem ]            Data Field: [ zItemNb ]            Label Field: [ zItemNm ]            Filter: [ zGroupID=185 ]         </p>

24	<p>When this pain or burning started, did you usually have a change in the number of bowel movements (either more or fewer)?</p> <p>DB Name: [ Q24 ]</p>	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - 0 = Never or rarely</li> <li><input type="radio"/> 1 - 1 = Sometimes</li> <li><input type="radio"/> 2 - 2 = Often</li> <li><input type="radio"/> 3 - 3 = Most of the time</li> <li><input type="radio"/> 4 - 4 = Always</li> </ul> <p>Data Source: [ zCodelItem ]  Data Field: [ zltemNb ]  Label Field: [ zltemNm ]  Filter: [ zGroupID=185 ]</p>
25	<p>When this pain or burning started, did you usually have softer or harder stools?</p> <p>DB Name: [ Q25 ]</p>	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - 0 = Never or rarely</li> <li><input type="radio"/> 1 - 1 = Sometimes</li> <li><input type="radio"/> 2 - 2 = Often</li> <li><input type="radio"/> 3 - 3 = Most of the time</li> <li><input type="radio"/> 4 - 4 = Always</li> </ul> <p>Data Source: [ zCodelItem ]  Data Field: [ zltemNb ]  Label Field: [ zltemNm ]  Filter: [ zGroupID=185 ]</p>
26	<p>In the last 3 months, how often did you have bothersome nausea? (If never, skip to question #28)</p> <p>DB Name: [ Q26 ]</p>	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - 0 = Never</li> <li><input type="radio"/> 1 - 1 = Less than one day a month</li> <li><input type="radio"/> 2 - 2 = One day a month</li> <li><input type="radio"/> 3 - 3 = Two to three days a month</li> <li><input type="radio"/> 4 - 4 = One day a week</li> <li><input type="radio"/> 5 - 5 = More than one day a week</li> <li><input type="radio"/> 6 - 6 = Everyday</li> </ul> <p>Data Source: [ zCodelItem ]  Data Field: [ zltemNb ]  Label Field: [ zltemNm ]  Filter: [ zGroupID=184 ]</p>
27	<p>Did this nausea start more than 6 months ago?</p> <p>DB Name: [ Q27 ]</p>	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - No</li> <li><input type="radio"/> 1 - Yes</li> </ul> <p>Data Source: [ zCodelItem ]  Data Field: [ zltemNb ]  Label Field: [ zltemNm ]  Filter: [ zGroupID=51 ]</p>
28	<p>In the last 3 months, how often did you vomit? (If never, skip to question #33)</p> <p>DB Name: [ Q28 ]</p>	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - 0 = Never</li> <li><input type="radio"/> 1 - 1 = Less than one day a month</li> <li><input type="radio"/> 2 - 2 = One day a month</li> <li><input type="radio"/> 3 - 3 = Two to three days a month</li> <li><input type="radio"/> 4 - 4 = One day a week</li> <li><input type="radio"/> 5 - 5 = More than one day a week</li> <li><input type="radio"/> 6 - 6 = Everyday</li> </ul> <p>Data Source: [ zCodelItem ]  Data Field: [ zltemNb ]  Label Field: [ zltemNm ]  Filter: [ zGroupID=184 ]</p>
29	<p>Have you had this vomiting 6 months or longer?</p> <p>DB Name: [ Q29 ]</p>	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - No</li> <li><input type="radio"/> 1 - Yes</li> </ul> <p>Data Source: [ zCodelItem ]  Data Field: [ zltemNb ]  Label Field: [ zltemNm ]  Filter: [ zGroupID=51 ]</p>

30	<p>Did you make yourself vomit? DB Name: [ Q30 ]</p>	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - 0 = Never or rarely</li> <li><input type="radio"/> 1 - 1 = Sometimes</li> <li><input type="radio"/> 2 - 2 = Often</li> <li><input type="radio"/> 3 - 3 = Most of the time</li> <li><input type="radio"/> 4 - 4 = Always</li> </ul> <p>Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=185 ]</p>
31	<p>Did you have vomiting in the last year that occurred in separate episodes of a few days and then stopped? (If "never or rarely", skip to question #33) DB Name: [ Q31 ]</p>	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - 0 = Never or rarely</li> <li><input type="radio"/> 1 - 1 = Sometimes</li> <li><input type="radio"/> 2 - 2 = Often</li> <li><input type="radio"/> 3 - 3 = Most of the time</li> <li><input type="radio"/> 4 - 4 = Always</li> </ul> <p>Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=185 ]</p>
32	<p>Did you have at least three episodes during the past year? DB Name: [ Q32 ]</p>	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - No    <input type="radio"/> 1 - Yes</li> </ul> <p>Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=51 ]</p>
33	<p>In the last 3 months, how often did food come back up into your mouth? (If "never", skip to question #39) DB Name: [ Q33 ]</p>	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - 0 = Never</li> <li><input type="radio"/> 1 - 1 = Less than one day a month</li> <li><input type="radio"/> 2 - 2 = One day a month</li> <li><input type="radio"/> 3 - 3 = Two to three days a month</li> <li><input type="radio"/> 4 - 4 = One day a week</li> <li><input type="radio"/> 5 - 5 = More than one day a week</li> <li><input type="radio"/> 6 - 6 = Everyday</li> </ul> <p>Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=184 ]</p>
34	<p>Have you had this problem (food coming back up into your mouth) 6 months or longer? DB Name: [ Q34 ]</p>	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - No    <input type="radio"/> 1 - Yes</li> </ul> <p>Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=51 ]</p>
35	<p>When food came back up into your mouth, did it usually stay in your mouth for a while before you swallowed it or spit it out? DB Name: [ Q35 ]</p>	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - 0 = Never or rarely</li> <li><input type="radio"/> 1 - 1 = Sometimes</li> <li><input type="radio"/> 2 - 2 = Often</li> <li><input type="radio"/> 3 - 3 = Most of the time</li> <li><input type="radio"/> 4 - 4 = Always</li> </ul> <p>Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=185 ]</p>

	Q35 ]	
36	<p>Did you have retching (heaving) before food came into your mouth?</p> <p>DB Name: [ Q36 ]</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 ]            Data Field: [ zItemNb ]            Label Field: [ zItemNm ]            Filter: [ zGroupID=185 ]         </p>
37	<p>When food came into your mouth, how often did you vomit or feel sick to your stomach?</p> <p>DB Name: [ Q37 ]</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 ]            Data Field: [ zItemNb ]            Label Field: [ zItemNm ]            Filter: [ zGroupID=185 ]         </p>
38	<p>Did food stop coming back up into your mouth when it turned sour or acidic?</p> <p>DB Name: [ Q38 ]</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 ]            Data Field: [ zItemNb ]            Label Field: [ zItemNm ]            Filter: [ zGroupID=185 ]         </p>
39	<p>In the last 3 months, how often did you experience bothersome belching? (If "never", skip to question #41)</p> <p>DB Name: [ Q39 ]</p>	<p> <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         </p> <p>           Data Source: [ zCodelItem ]            Data Field: [ zItemNb ]            Label Field: [ zItemNm ]            Filter: [ zGroupID=184 ]         </p>
40	<p>Did this bothersome belching start more than 6 months ago?</p> <p>DB Name: [ Q40 ]</p>	<p> <input type="radio"/> 0 - No    <input type="radio"/> 1 - Yes         </p> <p>           Data Source: [ zCodelItem ]            Data Field: [ zItemNb ]            Label Field: [ zItemNm ]            Filter: [ zGroupID=51 ]         </p>
41	<p>In the last 3 months, how often did you have discomfort or pain anywhere in your abdomen? (If "never", skip to question</p>	<p> <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         </p> <p>Data Source: [ zCodelItem ]</p>

	#52) DB Name: [ Q41 ]	Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=184 ]
42	Did you have pain only (not discomfort or a mixture of discomfort and pain)? DB Name: [ Q42 ]	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - 0 = Never or rarely</li> <li><input type="radio"/> 1 - 1 = Sometimes</li> <li><input type="radio"/> 2 - 2 = Often</li> <li><input type="radio"/> 3 - 3 = Most of the time</li> <li><input type="radio"/> 4 - 4 = Always</li> </ul> Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=185 ]
43	For women: Did this discomfort or pain occur only during your menstrual bleeding and not at other times? DB Name: [ Q43 ]	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - 0 = No</li> <li><input type="radio"/> 1 - 1 = Yes</li> <li><input type="radio"/> 2 - 2 = Does not apply, because I have had change in life (menopause), or I am male.</li> </ul> Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=189 ]
44	When you had this pain, how often did it limit or restrict your daily activities (for example, work, household activities, and social events)? DB Name: [ Q44 ]	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - 0 = Never or rarely</li> <li><input type="radio"/> 1 - 1 = Sometimes</li> <li><input type="radio"/> 2 - 2 = Often</li> <li><input type="radio"/> 3 - 3 = Most of the time</li> <li><input type="radio"/> 4 - 4 = Always</li> </ul> Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=185 ]
45	Have you had discomfort or pain 6 months or longer? DB Name: [ Q45 ]	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - No    <input type="radio"/> 1 - Yes</li> </ul> Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=51 ]
46	How often did this discomfort or pain get better or stop after you had a bowel movement? DB Name: [ Q46 ]	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - 0 = Never or rarely</li> <li><input type="radio"/> 1 - 1 = Sometimes</li> <li><input type="radio"/> 2 - 2 = Often</li> <li><input type="radio"/> 3 - 3 = Most of the time</li> <li><input type="radio"/> 4 - 4 = Always</li> </ul> Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=185 ]
47	When this discomfort or pain started, did you have more frequent bowel movements? DB Name: [ Q47 ]	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - 0 = Never or rarely</li> <li><input type="radio"/> 1 - 1 = Sometimes</li> <li><input type="radio"/> 2 - 2 = Often</li> <li><input type="radio"/> 3 - 3 = Most of the time</li> <li><input type="radio"/> 4 - 4 = Always</li> </ul> Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=185 ]



48	<p>When this discomfort or pain started, did you have less frequent bowel movements?</p> <p>DB Name: [ Q48 ]</p>	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - 0 = Never or rarely</li> <li><input type="radio"/> 1 - 1 = Sometimes</li> <li><input type="radio"/> 2 - 2 = Often</li> <li><input type="radio"/> 3 - 3 = Most of the time</li> <li><input type="radio"/> 4 - 4 = Always</li> </ul> <p>Data Source: [ zCodelItem ]  Data Field: [ zItemNb ]  Label Field: [ zItemNm ]  Filter: [ zGroupID=185 ]</p>
49	<p>When this discomfort or pain started, were your stools (bowel movements) looser?</p> <p>DB Name: [ Q49 ]</p>	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - 0 = Never or rarely</li> <li><input type="radio"/> 1 - 1 = Sometimes</li> <li><input type="radio"/> 2 - 2 = Often</li> <li><input type="radio"/> 3 - 3 = Most of the time</li> <li><input type="radio"/> 4 - 4 = Always</li> </ul> <p>Data Source: [ zCodelItem ]  Data Field: [ zItemNb ]  Label Field: [ zItemNm ]  Filter: [ zGroupID=185 ]</p>
50	<p>When this discomfort or pain started, how often did you have harder stools?</p> <p>DB Name: [ Q50 ]</p>	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - 0 = Never or rarely</li> <li><input type="radio"/> 1 - 1 = Sometimes</li> <li><input type="radio"/> 2 - 2 = Often</li> <li><input type="radio"/> 3 - 3 = Most of the time</li> <li><input type="radio"/> 4 - 4 = Always</li> </ul> <p>Data Source: [ zCodelItem ]  Data Field: [ zItemNb ]  Label Field: [ zItemNm ]  Filter: [ zGroupID=185 ]</p>
51	<p>How often was this pain or discomfort relieved by moving or changing positions?</p> <p>DB Name: [ Q51 ]</p>	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - 0 = Never or rarely</li> <li><input type="radio"/> 1 - 1 = Sometimes</li> <li><input type="radio"/> 2 - 2 = Often</li> <li><input type="radio"/> 3 - 3 = Most of the time</li> <li><input type="radio"/> 4 - 4 = Always</li> </ul> <p>Data Source: [ zCodelItem ]  Data Field: [ zItemNb ]  Label Field: [ zItemNm ]  Filter: [ zGroupID=185 ]</p>
52	<p>In the last 3 months, how often did you have fewer than three bowel movements (0—2) a week?</p> <p>DB Name: [ Q52 ]</p>	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - 0 = Never or rarely</li> <li><input type="radio"/> 1 - 1 = Sometimes</li> <li><input type="radio"/> 2 - 2 = Often</li> <li><input type="radio"/> 3 - 3 = Most of the time</li> <li><input type="radio"/> 4 - 4 = Always</li> </ul> <p>Data Source: [ zCodelItem ]  Data Field: [ zItemNb ]  Label Field: [ zItemNm ]  Filter: [ zGroupID=185 ]</p>
53	<p>In the last 3 months, how often did you have hard or lumpy stools?</p> <p>DB Name: [ Q53 ]</p>	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - 0 = Never or rarely</li> <li><input type="radio"/> 1 - 1 = Sometimes, 25% of the time</li> <li><input type="radio"/> 2 - 2 = Often, 50% of the time</li> <li><input type="radio"/> 3 - 3 = Most of the time, 75% of the time</li> <li><input type="radio"/> 4 - 4 = Always, 100% of the time</li> </ul> <p>Data Source: [ zCodelItem ]  Data Field: [ zItemNb ]  Label Field: [ zItemNm ]</p>

		Filter: [ zGroupID=190 ]
54	In the last 3 months, how often did you strain during bowel movements? DB Name: [ Q54 ]	<ul style="list-style-type: none"> <li>● 0 - 0 = Never or rarely</li> <li>● 1 - 1 = Sometimes, 25% of the time</li> <li>● 2 - 2 = Often, 50% of the time</li> <li>● 3 - 3 = Most of the time, 75% of the time</li> <li>● 4 - 4 = Always, 100% of the time</li> </ul> Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=190 ]
55	In the last 3 months, how often did you have a feeling of incomplete emptying after bowel movements? DB Name: [ Q55 ]	<ul style="list-style-type: none"> <li>● 0 - 0 = Never or rarely</li> <li>● 1 - 1 = Sometimes, 25% of the time</li> <li>● 2 - 2 = Often, 50% of the time</li> <li>● 3 - 3 = Most of the time, 75% of the time</li> <li>● 4 - 4 = Always, 100% of the time</li> </ul> Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=190 ]
56	In the last 3 months, how often did you have a sensation that the stool could not be passed, (i.e., was blocked), when having a bowel movement? DB Name: [ Q56 ]	<ul style="list-style-type: none"> <li>● 0 - 0 = Never or rarely</li> <li>● 1 - 1 = Sometimes, 25% of the time</li> <li>● 2 - 2 = Often, 50% of the time</li> <li>● 3 - 3 = Most of the time, 75% of the time</li> <li>● 4 - 4 = Always, 100% of the time</li> </ul> Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=190 ]
57	In the last 3 months, how often did you press on or around your bottom or remove stool in order to complete a bowel movement? DB Name: [ Q57 ]	<ul style="list-style-type: none"> <li>● 0 - 0 = Never or rarely</li> <li>● 1 - 1 = Sometimes, 25% of the time</li> <li>● 2 - 2 = Often, 50% of the time</li> <li>● 3 - 3 = Most of the time, 75% of the time</li> <li>● 4 - 4 = Always, 100% of the time</li> </ul> Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=190 ]
58	In the last 3 months, how often did you have difficulty relaxing or letting go to allow the stool to come out during a bowel movement? DB Name: [ Q58 ]	<ul style="list-style-type: none"> <li>● 0 - 0 = Never or rarely</li> <li>● 1 - 1 = Sometimes, 25% of the time</li> <li>● 2 - 2 = Often, 50% of the time</li> <li>● 3 - 3 = Most of the time, 75% of the time</li> <li>● 4 - 4 = Always, 100% of the time</li> </ul> Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=190 ]

59	<p>Did any of the symptoms of constipation listed in questions 52—58 above begin more than 6 months ago?</p> <p>DB Name: [ Q59 ]</p>	<p> <input type="radio"/> 0 - No    <input type="radio"/> 1 - Yes         </p> <p>           Data Source: [ zCodelItem ]            Data Field: [ zItemNb ]            Label Field: [ zItemNm ]            Filter: [ zGroupID=51 ]         </p>
60	<p>In the last 3 months, how often did you have 4 or more bowel movements a day?</p> <p>DB Name: [ Q60 ]</p>	<p> <input type="radio"/> 0 - 0 = Never or rarely  <input type="radio"/> 1 - 1 = Sometimes, 25% of the time  <input type="radio"/> 2 - 2 = Often, 50% of the time  <input type="radio"/> 3 - 3 = Most of the time, 75% of the time  <input type="radio"/> 4 - 4 = Always, 100% of the time         </p> <p>           Data Source: [ zCodelItem ]            Data Field: [ zItemNb ]            Label Field: [ zItemNm ]            Filter: [ zGroupID=190 ]         </p>
61	<p>In the last 3 months, how often did you have loose, mushy or watery stools? (If “never”, skip to question 64)</p> <p>DB Name: [ Q61 ]</p>	<p> <input type="radio"/> 0 - 0 = Never or rarely  <input type="radio"/> 1 - 1 = Sometimes, 25% of the time  <input type="radio"/> 2 - 2 = Often, 50% of the time  <input type="radio"/> 3 - 3 = Most of the time, 75% of the time  <input type="radio"/> 4 - 4 = Always, 100% of the time         </p> <p>           Data Source: [ zCodelItem ]            Data Field: [ zItemNb ]            Label Field: [ zItemNm ]            Filter: [ zGroupID=190 ]         </p>
62	<p>In the last 3 months, were at least three-fourths (3/4) of your stools loose, mushy, or watery?</p> <p>DB Name: [ Q62 ]</p>	<p> <input type="radio"/> 0 - No    <input type="radio"/> 1 - Yes         </p> <p>           Data Source: [ zCodelItem ]            Data Field: [ zItemNb ]            Label Field: [ zItemNm ]            Filter: [ zGroupID=51 ]         </p>
63	<p>Did you begin having frequent loose, mushy, or watery stools more than 6 months ago?</p> <p>DB Name: [ Q63 ]</p>	<p> <input type="radio"/> 0 - No    <input type="radio"/> 1 - Yes         </p> <p>           Data Source: [ zCodelItem ]            Data Field: [ zItemNb ]            Label Field: [ zItemNm ]            Filter: [ zGroupID=51 ]         </p>
64	<p>In the last 3 months, how often did you have to rush to the toilet to have a bowel movement?</p> <p>DB Name: [ Q64 ]</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 ]            Data Field: [ zItemNb ]            Label Field: [ zItemNm ]            Filter: [ zGroupID=185 ]         </p>

65	<p>In the last 3 months, how often was there mucus or slime in your bowel movement?</p> <p>DB Name: [ Q65 ]</p>	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - 0 = Never or rarely</li> <li><input type="radio"/> 1 - 1 = Sometimes</li> <li><input type="radio"/> 2 - 2 = Often</li> <li><input type="radio"/> 3 - 3 = Most of the time</li> <li><input type="radio"/> 4 - 4 = Always</li> </ul> <p>Data Source: [ zCodelItem ]  Data Field: [ zItemNb ]  Label Field: [ zItemNm ]  Filter: [ zGroupID=185 ]</p>
66	<p>In the last 3 months, how often did you have bloating or distension? (If "Never", skip to question 68)</p> <p>DB Name: [ Q66 ]</p>	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - 0 = Never</li> <li><input type="radio"/> 1 - 1 = Less than one day a month</li> <li><input type="radio"/> 2 - 2 = One day a month</li> <li><input type="radio"/> 3 - 3 = Two to three days a month</li> <li><input type="radio"/> 4 - 4 = One day a week</li> <li><input type="radio"/> 5 - 5 = More than one day a week</li> <li><input type="radio"/> 6 - 6 = Everyday</li> </ul> <p>Data Source: [ zCodelItem ]  Data Field: [ zItemNb ]  Label Field: [ zItemNm ]  Filter: [ zGroupID=184 ]</p>
67	<p>Did your symptoms of bloating or distention begin more than 6 months ago?</p> <p>DB Name: [ Q67 ]</p>	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - No</li> <li><input type="radio"/> 1 - Yes</li> </ul> <p>Data Source: [ zCodelItem ]  Data Field: [ zItemNb ]  Label Field: [ zItemNm ]  Filter: [ zGroupID=51 ]</p>
Symptoms in the Gall Bladder and Pancreas		
68	<p>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)</p> <p>DB Name: [ Q68 ]</p>	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - 0 = Never</li> <li><input type="radio"/> 1 - 1 = Less than one day a month</li> <li><input type="radio"/> 2 - 2 = One day a month</li> <li><input type="radio"/> 3 - 3 = Two to three days a month</li> <li><input type="radio"/> 4 - 4 = One day a week</li> <li><input type="radio"/> 5 - 5 = More than one day a week</li> <li><input type="radio"/> 6 - 6 = Everyday</li> </ul> <p>Data Source: [ zCodelItem ]  Data Field: [ zItemNb ]  Label Field: [ zItemNm ]  Filter: [ zGroupID=184 ]</p>
69	<p>Did your pain last 30 minutes or longer?</p> <p>DB Name: [ Q69 ]</p>	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - 0 = Never or rarely</li> <li><input type="radio"/> 1 - 1 = Sometimes</li> <li><input type="radio"/> 2 - 2 = Often</li> <li><input type="radio"/> 3 - 3 = Most of the time</li> <li><input type="radio"/> 4 - 4 = Always</li> </ul> <p>Data Source: [ zCodelItem ]  Data Field: [ zItemNb ]  Label Field: [ zItemNm ]  Filter: [ zGroupID=185 ]</p>
70	<p>Did this pain build up to a steady, severe level?</p> <p>DB Name: [ Q70 ]</p>	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - 0 = Never or rarely</li> <li><input type="radio"/> 1 - 1 = Sometimes</li> <li><input type="radio"/> 2 - 2 = Often</li> <li><input type="radio"/> 3 - 3 = Most of the time</li> <li><input type="radio"/> 4 - 4 = Always</li> </ul>

		Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=185 ]
71	Did this pain go away completely between episodes? DB Name: [ Q71 ]	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - 0 = Never or rarely</li> <li><input type="radio"/> 1 - 1 = Sometimes</li> <li><input type="radio"/> 2 - 2 = Often</li> <li><input type="radio"/> 3 - 3 = Most of the time</li> <li><input type="radio"/> 4 - 4 = Always</li> </ul> Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=185 ]
72	Did this pain stop you from your usual activities, or cause you to see a doctor urgently or go to the emergency department? DB Name: [ Q72 ]	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - 0 = Never or rarely</li> <li><input type="radio"/> 1 - 1 = Sometimes</li> <li><input type="radio"/> 2 - 2 = Often</li> <li><input type="radio"/> 3 - 3 = Most of the time</li> <li><input type="radio"/> 4 - 4 = Always</li> </ul> Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=185 ]
73	Have you had your gallbladder removed? (If "No," form is complete) DB Name: [ Q73 ]	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - No    <input type="radio"/> 1 - Yes</li> </ul> Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=51 ]
74	How often have you had this pain since your gallbladder was removed? DB Name: [ Q74 ]	<ul style="list-style-type: none"> <li><input type="radio"/> 0 - 0 = Never or rarely</li> <li><input type="radio"/> 1 - 1 = Sometimes</li> <li><input type="radio"/> 2 - 2 = Often</li> <li><input type="radio"/> 3 - 3 = Most of the time</li> <li><input type="radio"/> 4 - 4 = Always</li> </ul> Data Source: [ zCodelItem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=185 ]
c	General Comments DB Name: [ zNotes ]	250 char.