

No.	Data Item	Data Value
a	Data collected? DB Name: [ zDataCollected ]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [ zCodeltem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=58 and zItemNb>=0 ]
b	Date of assessment DB Name: [ zFormDate ]	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> <i>Complete Date</i>
Enter the appropriate response.		
On how many days in the last month did you have episodes of abdominal pain? (If the abdominal pain lasted more than one day, count each day).		
1	Number of days DB Name: [ Q01 ]	
2	Study Coordinator Notes DB Name: [ Q02 ]	250 char.
On a scale of 0-10, on average, how painful were these episodes of abdominal pain?		
3	Scale DB Name: [ Q03 ]	
4	Study Coordinator Notes DB Name: [ Q04 ]	250 char.
c	General Comments DB Name: [ zNotes ]	250 char.