No.	Item Description	Data Value
a	Data collected? DB Name: [zDataCollected]	○ 0 - No ○ 1 - Yes
b	Date of assessment DB Name: [zFormDate]	📅 *(dd-mmm-yyyy)* Complete
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]	○ 0 - 0 = Never ○ 1 - 1 = Less than one day a month ○ 2 - 2 = One day a month ○ 3 - 3 = Two to three days a month ○ 4 - 4 = One day a week ○ 5 - 5 = More than one day a week ○ 6 - 6 = Everyday
2	Have you had this feeling 6 months or longer? DB Name: [Q02]	○ 0 - No ○ 1 - Yes
3	Does this feeling occur between meals (when you are not eating)? DB Name: [Q03]	○ 0 - No ○ 1 - Yes
4	When you are eating or drinking, does it hurt to swallow? DB Name: [Q04]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes ○ 2 - 2 = Often ○ 3 - 3 = Most of the time ○ 4 - 4 = Always
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) DB Name: [Q05]	○ 0 - 0 = Never ○ 1 - 1 = Less than one day a month ○ 2 - 2 = One day a month ○ 3 - 3 = Two to three days a month ○ 4 - 4 = One day a week ○ 5 - 5 = More than one day a week ○ 6 - 6 = Everyday
6	Have you had this chest pain 6 months or longer? DB Name: [Q06]	○ 0 - No ○ 1 - Yes
7	When you had your chest pain, how often did it feel like burning? DB Name: [Q07]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes ○ 2 - 2 = Often ○ 3 - 3 = Most of the time ○ 4 - 4 = Always
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]	○ 0 - 0 = Never ○ 1 - 1 = Less than one day a month ○ 2 - 2 = One day a month ○ 3 - 3 = Two to three days a month ○ 4 - 4 = One day a week ○ 5 - 5 = More than one day a week ○ 6 - 6 = Everyday
9	Have you had this heartburn (burning pain or discomfort in the chest) 6 months or longer? DB Name: [Q09]	○ 0 - No ○ 1 - Yes

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]	○ 0 - 0 = Never ○ 1 - 1 = Less than one day a month ○ 2 - 2 = One day a month ○ 3 - 3 = Two to three days a month ○ 4 - 4 = One day a week ○ 5 - 5 = More than one day a week ○ 6 - 6 = Everyday
11	Was the symptom of food sticking associated with heartburn? DB Name: [Q11]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes ○ 2 - 2 = Often ○ 3 - 3 = Most of the time ○ 4 - 4 = Always
12	Have you had this problem 6 months or longer? DB Name: [Q12]	○ 0 - No ○ 1 - Yes
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]	○ 0 - 0 = Never ○ 1 - 1 = Less than one day a month ○ 2 - 2 = One day a month ○ 3 - 3 = Two to three days a month ○ 4 - 4 = One day a week ○ 5 - 5 = More than one day a week ○ 6 - 6 = Everyday
14	Have you had this uncomfortable fullness after meals 6 months or longer? DB Name: [Q14]	○ 0 - No ○ 1 - Yes
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]	○ 0 - 0 = Never ○ 1 - 1 = Less than one day a month ○ 2 - 2 = One day a month ○ 3 - 3 = Two to three days a month ○ 4 - 4 = One day a week ○ 5 - 5 = More than one day a week ○ 6 - 6 = Everyday
16	Have you had this inability to finish regular-sized meals 6 months or longer? DB Name: [Q16]	○ 0 - No ○ 1 - Yes
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 "never", skip to question #26) DB Name: [Q17]	○ 0 - 0 = Never ○ 1 - 1 = Less than one day a month ○ 2 - 2 = One day a month ○ 3 - 3 = Two to three days a month ○ 4 - 4 = One day a week ○ 5 - 5 = More than one day a week ○ 6 - 6 = Everyday
18	Have you had this pain or burning 6 months or longer? DB Name: [Q18]	○ 0 - No ○ 1 - Yes
19	Did this pain or burning occur and then completely disappear during the same day? DB Name: [Q19]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes ○ 2 - 2 = Often ○ 3 - 3 = Most of the time ○ 4 - 4 = Always
20	Usually, how severe was the pain or burning in the middle of your abdomen	○ 1 - 1 = Very mild ○ 2 - 2 = Mild ○ 3 - 3 = Moderate

	above your belly button? DB Name: [Q20]	○ 4 - 4 = Severe ○ 5 - 5 = Very severe
21	Was the pain or burning affected by eating? DB Name: [Q21]	○ 0 - 0 = Not affected by eating ○ 1 - 1 = Worse pain after eating ○ 2 - 2 = Less pain after eating
22	Was this pain or burning relieved by taking antacids? DB Name: [Q22]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes ○ 2 - 2 = Often ○ 3 - 3 = Most of the time ○ 4 - 4 = Always
23	Did this pain or burning usually get better or stop after a bowel movement or passing gas? DB Name: [Q23]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes ○ 2 - 2 = Often ○ 3 - 3 = Most of the time ○ 4 - 4 = Always
24	When this pain or burning started, did you usually have a change in the number of bowel movements (either more or fewer)? DB Name: [Q24]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes ○ 2 - 2 = Often ○ 3 - 3 = Most of the time ○ 4 - 4 = Always
25	When this pain or burning started, did you usually have softer or harder stools? DB Name: [Q25]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes ○ 2 - 2 = Often ○ 3 - 3 = Most of the time ○ 4 - 4 = Always
26	In the last 3 months, how often did you have bothersome nausea? (If never, skip to question #28) DB Name: [Q26]	○ 0 - 0 = Never ○ 1 - 1 = Less than one day a month ○ 2 - 2 = One day a month ○ 3 - 3 = Two to three days a month ○ 4 - 4 = One day a week ○ 5 - 5 = More than one day a week ○ 6 - 6 = Everyday
27	Did this nausea start more than 6 months ago? DB Name: [Q27]	○ 0 - No ○ 1 - Yes
28	In the last 3 months, how often did you vomit? (If never, skip to question #33) DB Name: [Q28]	○ 0 - 0 = Never ○ 1 - 1 = Less than one day a month ○ 2 - 2 = One day a month ○ 3 - 3 = Two to three days a month ○ 4 - 4 = One day a week ○ 5 - 5 = More than one day a week ○ 6 - 6 = Everyday
29	Have you had this vomiting 6 months or longer? DB Name: [Q29]	○ 0 - No ○ 1 - Yes
30	Did you make yourself vomit? DB Name: [Q30]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes ○ 2 - 2 = Often ○ 3 - 3 = Most of the time ○ 4 - 4 = Always
31	Did you have vomiting in the last year that occurred in separate episodes of a few days and then	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes ○ 2 - 2 = Often ○ 3 - 3 = Most of the time

	stopped? (If "never or rarely", skip to question #33) DB Name: [Q31]	○ 4 - 4 = Always
32	Did you have at least three episodes during the past year? DB Name: [Q32]	○ 0 - No ○ 1 - Yes
33	In the last 3 months, how often did food come back up into your mouth? (If "never", skip to question #39) DB Name: [Q33]	○ 0 - 0 = Never ○ 1 - 1 = Less than one day a month ○ 2 - 2 = One day a month ○ 3 - 3 = Two to three days a month ○ 4 - 4 = One day a week ○ 5 - 5 = More than one day a week ○ 6 - 6 = Everyday
34	Have you had this problem (food coming back up into your mouth) 6 months or longer? DB Name: [Q34]	○ 0 - No ○ 1 - Yes
35	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]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes ○ 2 - 2 = Often ○ 3 - 3 = Most of the time ○ 4 - 4 = Always
36	Did you have retching (heaving) before food came into your mouth? DB Name: [Q36]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes ○ 2 - 2 = Often ○ 3 - 3 = Most of the time ○ 4 - 4 = Always
37	When food came into your mouth, how often did you vomit or feel sick to your stomach? DB Name: [Q37]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes ○ 2 - 2 = Often ○ 3 - 3 = Most of the time ○ 4 - 4 = Always
38	Did food stop coming back up into your mouth when it turned sour or acidic? DB Name: [Q38]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes ○ 2 - 2 = Often ○ 3 - 3 = Most of the time ○ 4 - 4 = Always
39	In the last 3 months, how often did you experience bothersome belching? (If "never", skip to question #41) DB Name: [Q39]	○ 0 - 0 = Never ○ 1 - 1 = Less than one day a month ○ 2 - 2 = One day a month ○ 3 - 3 = Two to three days a month ○ 4 - 4 = One day a week ○ 5 - 5 = More than one day a week ○ 6 - 6 = Everyday
40	Did this bothersome belching start more than 6 months ago? DB Name: [Q40]	○ 0 - No ○ 1 - Yes
41	In the last 3 months, how often did you have discomfort or pain anywhere in your abdomen? (If "never", skip to question #52)	○ 0 - 0 = Never ○ 1 - 1 = Less than one day a month ○ 2 - 2 = One day a month ○ 3 - 3 = Two to three days a month ○ 4 - 4 = One day a week ○ 5 - 5 = More than one day a week

	DB Name: [Q41]	○ 6 - 6 = Everyday
42	Did you have pain only (not discomfort or a mixture of discomfort and pain)? DB Name: [Q42]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes ○ 2 - 2 = Often ○ 3 - 3 = Most of the time ○ 4 - 4 = Always
43	For women: Did this discomfort or pain occur only during your menstrual bleeding and not at other times? DB Name: [Q43]	○ 0 - 0 = No ○ 1 - 1 = Yes ○ 2 - 2 = Does not apply, because I have had change in life (menopause), or I am male.
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]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes ○ 2 - 2 = Often ○ 3 - 3 = Most of the time ○ 4 - 4 = Always
45	Have you had discomfort or pain 6 months or longer? DB Name: [Q45]	○ 0 - No ○ 1 - Yes
46	How often did this discomfort or pain get better or stop after you had a bowel movement? DB Name: [Q46]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes ○ 2 - 2 = Often ○ 3 - 3 = Most of the time ○ 4 - 4 = Always
47	When this discomfort or pain started, did you have more frequent bowel movements? DB Name: [Q47]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes ○ 2 - 2 = Often ○ 3 - 3 = Most of the time ○ 4 - 4 = Always
48	When this discomfort or pain started, did you have less frequent bowel movements? DB Name: [Q48]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes ○ 2 - 2 = Often ○ 3 - 3 = Most of the time ○ 4 - 4 = Always
49	When this discomfort or pain started, were your stools (bowel movements) looser? DB Name: [Q49]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes ○ 2 - 2 = Often ○ 3 - 3 = Most of the time ○ 4 - 4 = Always
50	When this discomfort or pain started, how often did you have harder stools? DB Name: [Q50]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes ○ 2 - 2 = Often ○ 3 - 3 = Most of the time ○ 4 - 4 = Always
51	How often was this pain or discomfort relieved by moving or changing positions? DB Name: [Q51]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes ○ 2 - 2 = Often ○ 3 - 3 = Most of the time ○ 4 - 4 = Always
52	In the last 3 months, how often did you have fewer than three bowel movements (0—2) a	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes ○ 2 - 2 = Often ○ 3 - 3 = Most of the time

	week? DB Name: [Q52]	○ 4 - 4 = Always
53	In the last 3 months, how often did you have hard or lumpy stools? DB Name: [Q53]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes, 25% of the time ○ 2 - 2 = Often, 50% of the time ○ 3 - 3 = Most of the time, 75% of the time ○ 4 - 4 = Always, 100% of the time
54	In the last 3 months, how often did you strain during bowel movements? DB Name: [Q54]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes, 25% of the time ○ 2 - 2 = Often, 50% of the time ○ 3 - 3 = Most of the time, 75% of the time ○ 4 - 4 = Always, 100% of the time
55	In the last 3 months, how often did you have a feeling of incomplete emptying after bowel movements? DB Name: [Q55]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes, 25% of the time ○ 2 - 2 = Often, 50% of the time ○ 3 - 3 = Most of the time, 75% of the time ○ 4 - 4 = Always, 100% of the time
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]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes, 25% of the time ○ 2 - 2 = Often, 50% of the time ○ 3 - 3 = Most of the time, 75% of the time ○ 4 - 4 = Always, 100% of the time
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]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes, 25% of the time ○ 2 - 2 = Often, 50% of the time ○ 3 - 3 = Most of the time, 75% of the time ○ 4 - 4 = Always, 100% of the time
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]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes, 25% of the time ○ 2 - 2 = Often, 50% of the time ○ 3 - 3 = Most of the time, 75% of the time ○ 4 - 4 = Always, 100% of the time
59	Did any of the symptoms of constipation listed in questions 52—58 above begin more than 6 months ago? DB Name: [Q59]	○ 0 - No ○ 1 - Yes
60	In the last 3 months, how often did you have 4 or more bowel movements a day? DB Name: [Q60]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes, 25% of the time ○ 2 - 2 = Often, 50% of the time ○ 3 - 3 = Most of the time, 75% of the time ○ 4 - 4 = Always, 100% of the time
61	In the last 3 months, how often did you have loose, mushy or watery stools? (If "never", skip to question 64) DB Name: [Q61]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes, 25% of the time ○ 2 - 2 = Often, 50% of the time ○ 3 - 3 = Most of the time, 75% of the time ○ 4 - 4 = Always, 100% of the time

62	In the last 3 months, were at least three-fourths (3/4) of your stools loose, mushy, or watery? DB Name: [Q62]	○ 0 - No ○ 1 - Yes
63	Did you begin having frequent loose, mushy, or watery stools more than 6 months ago? DB Name: [Q63]	○ 0 - No ○ 1 - Yes
64	In the last 3 months, how often did you have to rush to the toilet to have a bowel movement? DB Name: [Q64]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes ○ 2 - 2 = Often ○ 3 - 3 = Most of the time ○ 4 - 4 = Always
65	In the last 3 months, how often was there mucus or slime in your bowel movement? DB Name: [Q65]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes ○ 2 - 2 = Often ○ 3 - 3 = Most of the time ○ 4 - 4 = Always
66	In the last 3 months, how often did you have bloating or distension? (If "Never", skip to question 68) DB Name: [Q66]	○ 0 - 0 = Never ○ 1 - 1 = Less than one day a month ○ 2 - 2 = One day a month ○ 3 - 3 = Two to three days a month ○ 4 - 4 = One day a week ○ 5 - 5 = More than one day a week ○ 6 - 6 = Everyday
67	Did your symptoms of bloating or distention begin more than 6 months ago? DB Name: [Q67]	○ 0 - No ○ 1 - Yes
68	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: [Q68]	○ 0 - 0 = Never ○ 1 - 1 = Less than one day a month ○ 2 - 2 = One day a month ○ 3 - 3 = Two to three days a month ○ 4 - 4 = One day a week ○ 5 - 5 = More than one day a week ○ 6 - 6 = Everyday
69	Did your pain last 30 minutes or longer? DB Name: [Q69]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes ○ 2 - 2 = Often ○ 3 - 3 = Most of the time ○ 4 - 4 = Always
70	Did this pain build up to a steady, severe level? DB Name: [Q70]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes ○ 2 - 2 = Often ○ 3 - 3 = Most of the time ○ 4 - 4 = Always
71	Did this pain go away completely between episodes? DB Name: [Q71]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes ○ 2 - 2 = Often ○ 3 - 3 = Most of the time ○ 4 - 4 = Always
72	Did this pain stop you from your usual activities, or cause you to see a doctor urgently or go to the emergency department?	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes ○ 2 - 2 = Often ○ 3 - 3 = Most of the time

	DB Name: [Q72]	○ 4 - 4 = Always
73	Have you had your gallbladder removed? (If "No," form is complete) DB Name: [Q73]	○ 0 - No ○ 1 - Yes
74	How often have you had this pain since your gallbladder was removed? DB Name: [Q74]	○ 0 - 0 = Never or rarely ○ 1 - 1 = Sometimes ○ 2 - 2 = Often ○ 3 - 3 = Most of the time ○ 4 - 4 = Always
c	General Comments DB Name: [zNotes]	*(250 char.)*