

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 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>
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"> <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>Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] 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"> <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>Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] 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"> <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>Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] 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"> <input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <p>Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] 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"> <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>Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] 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"> <input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <p>Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=51]</p>

30	<p>Did you make yourself vomit? DB Name: [Q30]</p>	<ul style="list-style-type: none"> <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>Data Source: [zCodeltem] 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"> <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>Data Source: [zCodeltem] 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"> <input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <p>Data Source: [zCodeltem] 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"> <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>Data Source: [zCodeltem] 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"> <input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <p>Data Source: [zCodeltem] 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"> <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>Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=185]</p>

Q35]		
36	<p>Did you have retching (heaving) before food came into your mouth? DB Name: [Q36]</p>	<ul style="list-style-type: none"> <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>Data Source: [zCodeltem] 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? DB Name: [Q37]</p>	<ul style="list-style-type: none"> <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>Data Source: [zCodeltem] 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? DB Name: [Q38]</p>	<ul style="list-style-type: none"> <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>Data Source: [zCodeltem] 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) DB Name: [Q39]</p>	<ul style="list-style-type: none"> <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>Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=184]</p>
40	<p>Did this bothersome belching start more than 6 months ago? DB Name: [Q40]</p>	<ul style="list-style-type: none"> <input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <p>Data Source: [zCodeltem] 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>	<ul style="list-style-type: none"> <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>Data Source: [zCodeltem]</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]	<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]
43	For women: Did this discomfort or pain occur only during your menstrual bleeding and not at other times? DB Name: [Q43]	<input type="radio"/> 0 - 0 = No <input type="radio"/> 1 - 1 = Yes <input type="radio"/> 2 - 2 = Does not apply, because I have had change in life (menopause), or I am male. 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]	<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]
45	Have you had discomfort or pain 6 months or longer? DB Name: [Q45]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes 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]	<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]
47	When this discomfort or pain started, did you have more frequent bowel movements? DB Name: [Q47]	<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]

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"> <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>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"> <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>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"> <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>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"> <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>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"> <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>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"> <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>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"> <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>Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=190]</p>
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"> <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>Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=190]</p>
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"> <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>Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=190]</p>
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"> <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>Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=190]</p>
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"> <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>Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=190]</p>

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: [zCodeltem] 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: [zCodeltem] 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: [zCodeltem] 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: [zCodeltem] 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: [zCodeltem] 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: [zCodeltem] 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? DB Name: [Q65]</p>	<ul style="list-style-type: none"> <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>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) DB Name: [Q66]</p>	<ul style="list-style-type: none"> <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>Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=184]</p>
67	<p>Did your symptoms of bloating or distension begin more than 6 months ago? DB Name: [Q67]</p>	<ul style="list-style-type: none"> <input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <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) DB Name: [Q68]</p>	<ul style="list-style-type: none"> <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>Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=184]</p>
69	<p>Did your pain last 30 minutes or longer? DB Name: [Q69]</p>	<ul style="list-style-type: none"> <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>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? DB Name: [Q70]</p>	<ul style="list-style-type: none"> <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: [zCodeltem] 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"> <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: [zCodeltem] 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"> <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: [zCodeltem] 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"> <input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [zCodeltem] 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"> <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: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=185]
c	General Comments DB Name: [zNotes]	250 char.