Department Of Veterans Affairs
First Gulf War
Digestive Health Study

SURVEY OF
CHRONIC GASTROINTESTINAL ILLNESS
IN PERSIAN GULF VETERANS

OMB 2900-XXXX

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of this Act. The public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. No person will be penalized for failing to furnish this information if it does not display a currently valid OMB control number. Response to this survey is voluntary and failure to furnish this information will have no effect on any of your applications for benefits. This information is collected under the authority of 38 USC, Part 1, Chapter 5, Section 527 and is intended to fulfill the need identified by the Department of Veterans in their call for measurement and evaluation of programs. Response to this survey is voluntary and failure to furnish this information will have no effect on any of your benefits.

The Privacy Act: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, U.S.C. Information on these forms will become part of a system of records which complies with the Privacy Act of 1974. This system is identified as "Veteran, Patient, Employee and Volunteer Research and Development Project Records-VA (34VA12)" as set forth in the Compilation of Privacy Act Issuances via online GPO access at
http://www.gpoaccess.gov/privacyact/index.html.

VA FORM 10-21092C

FEBRUARY 2009

Background Questions

OMB 2900-XXXX
Estimated Burden: 5 minutes

Directions: Please fill Circles like this: ● Not like this: ⊠ or this: ✓

We would like to ask you some questions about yourself:

1. What was your Branch of Service during the Gulf War Era? *(Mark one answer)*
   - O Army
   - O Navy
   - O Air Force
   - O Coast Guard

2. What was your Military Occupation?

   _____

3. Are you currently: *(Mark one answer)*
   - O Retired
   - O Unable to work because of disability
   - O A student
   - O Not currently working for pay (includes looking for work)
   - O Working part-time (less than 35 hours a week)
   - O Working full-time (more than 35 hours a week)
   - O Other, specify _____

4. Were you deployed in the Gulf? *(Mark one answer)*
   - O No- Go to question 11.
   - O Yes

5. What was the cumulative time that you were deployed abroad? (Total duration) *(Mark one answer)*
   - O Less than 6 months
   - O 7- 12 months
   - O More than a year

6. What was the total time that you were in combat zone? (Total duration) *(Mark one answer)*
   - O I was never in a combat zone
   - O Less than 1 month
   - O 2-6 months
   - O 7-12 months
   - O More than 1 year

7. Which countries did you visit during deployment? *(Mark all that apply)*
   - O I was not deployed abroad
   - O Iraq
   - O Kuwait
   - O Saudi Arabia
   - O Dubai
   - O Germany
   - O England
   - O Others _____

8. Did your health change during deployment? *(Mark one answer)*
   - O Health stayed about the same or got better
   - O Health got worse

9. How many times were you seen in sick call during deployment? *(Mark one answer)*
   - O None
   - O 1-3
   - O 4-6
   - O 7-10
   - O More than 10

10. Did you have any illnesses or injuries during deployment?
    - O No
    - O Yes, if so describe:
      1. _____
      2. _____
      3. _____

11. What is your current marital status? *(Mark one answer)*
    - O Single
    - O Married
    - O Divorced
    - O Widowed
    - O Other, specify _____

12. What is the highest level of education you have completed? *(Mark one answer)*
    - O Some high school
    - O High school graduate
    - O Some college
    - O College graduate (4 years)
    - O Professional training beyond college

General Health Questions

OMB 2900-XXXX
Estimated Burden: 5 minutes

This questionnaire consists of list of problems people sometimes have. Read each one carefully and select the answer that best describes HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY

Directions: Please fill Circles like this: ● Not like this: ⊠ or this: ⊘

Do not skip any items.

HOW MUCH WERE YOU DISTRESSED BY:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Faintness or dizziness	○	○	○	○	○
2. Feeling no interest in things	○	○	○	○	○
3. Nervousness or shakiness inside	○	○	○	○	○
4. Pains in heart or chest	○	○	○	○	○
5. Feeling lonely	○	○	○	○	○
6. Feeling tense or keyed up	○	○	○	○	○
7. Nausea or upset stomach	○	○	○	○	○
8. Feeling blue	○	○	○	○	○
9. Suddenly scared for no reason	○	○	○	○	○
10. Trouble getting your breath	○	○	○	○	○
11. Feelings of worthlessness	○	○	○	○	○
12. Spells of terror or panic	○	○	○	○	○
13. Numbness or tingling in parts of your body	○	○	○	○	○
14. Feeling hopeless about the future	○	○	○	○	○
15. Feeling so restless you couldn't sit still	○	○	○	○	○
16. Feeling weak in parts of your body	○	○	○	○	○
17. Thoughts of ending your life	○	○	○	○	○
18. Feeling fearful	○	○	○	○	○

Digestive Health Questions

OMB 2900-XXXX
Estimated Burden: 15 minutes

These questions are about your digestive system and problems you can hav
with it. Certain problems may apply to you and others will not.
The first set of questions is about your digestive health before and during deployment. The second set is about your current digestive health.

These questions are about your Digestive Health **Before** & **During** Deployment

Directions: Please fill Circles like this: ● Not like this: ⊠ or this: ✓

1. Did your bowel habits change DURING deployment? O No O Yes

2. Did your bowel habits change AFTER Deployment? O No O Yes

3. In the *YEAR* Before Deployment and the *TIME* During Deployment did you have discomfort or pain in your abdomen or belly? *(Mark one answer)* (Please do NOT count cramps or pain with menstrual periods, and do NOT count pain in your chest)

Before deployment
O Not at All or Rarely-go to #18
O Occasionally
O Often
O Very Often
O Almost Always

During deployment
O Not at All or Rarely-go to #18
O Occasionally
O Often
O Very Often
O Almost Always

4. In the *three months* Before Deployment and the *time* During Deployment did you have discomfort or pain in your belly or abdomen?

Before deployment
O Not at All or Rarely
O Occasionally
O Often
O Very Often
O Almost Always

During deployment
O Not at All or Rarely
O Occasionally
O Often
O Very Often
O Almost Always

5. How does the discomfort or pain you had in *those three months of time* compare to what you had prior to deployment? Would you say it was.

Before deployment
O Better in those three months
O Worse in those three months
O About the same
O Did not have pain or discomfort in those three months

During deployment
O Better in those three months
O Worse in those three months
O About the same
O Did not have pain or discomfort in those three months

6. Pain can occur mainly in the upper belly (stomach), lower belly, or in both the upper and lower belly. Concerning your primary pain, has this ache or pain in the belly *usually* been: *(Mark one answer)*

Before deployment
O ABOVE the navel, that is in the UPPER BELLY
O BELOW the navel, that is in the LOWER BELLY
O In different places in BOTH the upper AND lower belly

During deployment
O ABOVE the navel, that is in the UPPER BELLY
O BELOW the navel, that is in the LOWER BELLY
O In different places in BOTH the upper AND lower belly

7. How *many times* did you get this pain in *those three months* BEFORE deployment or the *time* During deployment? *(Mark one answer)*

Before deployment
O Never
O Less than one day a month
O 2 or 3 days a month
O 1 day a week
O More than 1 day a week
O Everyday

During deployment
O Never
O Less than one day a month
O 2 or 3 days a month
O 1 day a week
O More than 1 day a week
O Everyday

	Before deployment					During deployment				
	Never or Rarely	Sometimes	Often	Most of times	Almost Always	Never or Rarely	Sometimes	Often	Most of times	Almost Always
8. Did this discomfort or pain EVER awaken you from sleep at night?	○	○	○	○	○	○	○	○	○	○
9. Did this discomfort or pain occur BEFORE meals or when hungry?	○	○	○	○	○	○	○	○	○	○
10. Did this discomfort or pain occur IMMEDIATELY AFTER meals? (less than 30 minutes)	○	○	○	○	○	○	○	○	○	○
11. Did this ache or pain occur 30 minutes to 2 hours AFTER meals?	○	○	○	○	○	○	○	○	○	○
12. Was this pain made better (relieved) by burping (bringing up air through the mouth)?	○	○	○	○	○	○	○	○	○	○
13. Was this discomfort or pain made better (relieved) by having a bowel movement?	○	○	○	○	○	○	○	○	○	○
14. Was this discomfort or pain made better by eating?	○	○	○	○	○	○	○	○	○	○
15. Was this discomfort or pain made worse by food or milk?	○	○	○	○	○	○	○	○	○	○
16. Did you have more bowel movements (stools) when this pain or discomfort began?	○	○	○	○	○	○	○	○	○	○
17. Did you have fewer bowel movements (stools) when this discomfort or pain began?	○	○	○	○	○	○	○	○	○	○
18. Did you have harder bowel movements (stools) than usual when this discomfort or pain began?	○	○	○	○	○	○	○	○	○	○
19. Did you have softer bowel movements (stools) than usual stools when this pain or discomfort began?	○	○	○	○	○	○	○	○	○	○
20. Did you see MUCUS in your stools (that is, white or green slimy material)?	○	○	○	○	○	○	○	○	○	○
21. Did you have MORE than 3 bowel movements each DAY (4 or more)?	○	○	○	○	○	○	○	○	○	○
22. Did you have LESS than 3 bowel movements each WEEK (0 to 2)?	○	○	○	○	○	○	○	○	○	○
23. Did you have to STRAIN to have a bowel movement?	○	○	○	○	○	○	○	○	○	○
24. Did you have a sensation that stool was blocked (cannot be passed) when having a bowel movement?	○	○	○	○	○	○	○	○	○	○
25. Did you need to press on or around your bottom or to remove stool by hand in order to complete the bowel movement?	○	○	○	○	○	○	○	○	○	○
26. Were your stools LOOSE, MUSHY, or WATERY?	○	○	○	○	○	○	○	○	○	○
27. Were your stools HARD or LUMPY?	○	○	○	○	○	○	○	○	○	○
28. After finishing a bowel movement, did you feel there is still stool that needs to be passed?	○	○	○	○	○	○	○	○	○	○

	Before deployment					During deployment				
	Never or Rarely	Sometimes	Often	Most of times	Almost Always	Never or Rarely	Sometimes	Often	Most of times	Almost Always
29. Did you experience an URGENT need to open your BOWELS that made you rush to a toilet?	O	O	O	O	O	O	O	O	O	O
30. Did you have the feeling of abdomen fullness or bloating or swelling?	O	O	O	O	O	O	O	O	O	O
31. Did you see your belly or abdomen swell up?	O	O	O	O	O	O	O	O	O	O
32. Did you have HEARTBURN (a burning or ache behind the breast bone in the chest)? (Do not count pain from angina or heart trouble.)	O	O	O	O	O	O	O	O	O	O
33. Was your heartburn made better by taking antacids (like Tums, Riopan, Mylanta, Maalox, Gaviscon, or Rolaids)?	O	O	O	O	O	O	O	O	O	O
34. Did you notice a very sour or acid tasting fluid at the back of your throat?	O	O	O	O	O	O	O	O	O	O

35. How many times did you have a feeling of nausea, WANTING TO THROW UP (but did not)?

Before deployment	During deployment
O None or less than a month	O None or less than a month
O About once a month	O About once a month
O About once a week	O About once a week
O Several times a week	O Several times a week
O Daily	O Daily

36. How many times did you ACTUALLY THROW UP (vomited)?

Before deployment	During deployment
O None or less than a month	O None or less than a month
O About once a month	O About once a month
O About once a week	O About once a week
O Several times a week	O Several times a week
O Daily	O Daily

37. How would YOU have described your usual bowel pattern?

Before deployment	During deployment
O Normal	O Normal
O Constipated	O Constipated
O Diarrhea	O Diarrhea
O Alternating Constipated and Diarrhea	O Alternating Constipated and Diarrhea

Current Digestive Health Questionnaire

OMB 2900-XXXX
Estimated Burden: 14 minutes

This questionnaire is about your **Current** Digestive Health.

Directions: Please fill Circles like this: ● Not like this: ☒ or this: ☑

First, we would like to ask you some questions about any stomach, belly, or tummy pain or discomfort in the last three months.

1. **Have you had a discomfort or pain in your stomach or belly (gut) in the last 3 months?** (Please do NOT count cramps or pain with menstrual periods, and do NOT count pain in your chest.)

   ○ No → **Skip to question 14**

   ○ Yes → **Continue with survey below**

Stomach or belly pain can be difficult to describe and sometimes more than one type of pain or discomfort can occur. Please think about the usual or primary type of pain you have. We would like to ask you some questions only about the USUAL or PRIMARY pain or discomfort in your stomach or belly.

2. **Have you had this same pain or discomfort more than six times in the past year?**

   ○ No ○ Yes

3. **Did you have pain (not discomfort)?**

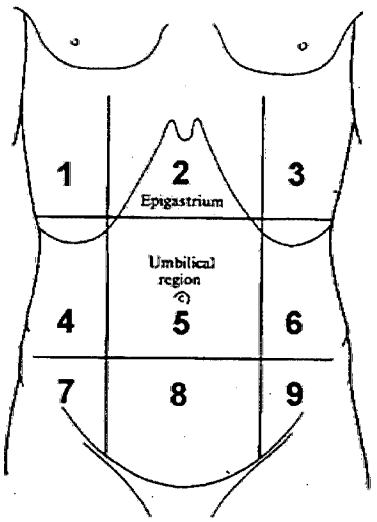
   ○ No ○ Yes

4. **Have you had the pain or discomfort for 6 months or longer?**

   ○ No ○ Yes

5. **Concerning your primary pain or discomfort, where is your abdominal pain located?** (Mark all that apply.)

   ○ 1 ○ 6
   ○ 2 ○ 7
   ○ 3 ○ 8
   ○ 4 ○ 9
   ○ 5



6. **Which term or terms best describe(s) the type of pain or discomfort you often have?** (Mark all that apply.)

   ○ Pressure ○ Burning sensation
   ○ Dull ache ○ Cramps
   ○ Stabbing

7. **How bad is the pain or discomfort usually?** (Mark one answer.)

   ○ Very mild ○ Severe
   ○ Mild ○ Very severe
   ○ Moderate

8. **Does your usual pain or discomfort ever wake you from sleep?**

   ○ No ○ Yes

9. **In the past 3 months, how many times did you get this pain or discomfort?** (Mark one answer.)

   ○ Never
   ○ Less than 1 day a month
   ○ 1 day a month
   ○ 2 or 3 days a month
   ○ 1 day a week
   ○ More than 1 day a week
   ○ Every day

10. **When in your life did this pain or discomfort first begin as close as you can recall?** (Mark one answer.)

    ○ In the last 6 months
    ○ 7 months to 1 year ago
    ○ More than 1 year to 2 years ago
    ○ More than 2 years to 5 years ago
    ○ More than 5 years to 10 years ago
    ○ More than 10 years to 20 years ago
    ○ More than 20 years ago

11. **Does this pain or discomfort come and go periodically?** (Periodically here means periods at least a month with no pain, with periods in between of weeks to months when there is pain.)

    ○ No ○ Yes

12. In the past 3 months, did this pain or discomfort go away completely between episodes?

○ No ○ Yes

13. In the past 3 months... (Mark one answer for each line.)	Never or Rarely	Sometimes	Often	Most of times	Always
did this pain or discomfort occur before meals or when hungry?	○	○	○	○	○
did this pain or discomfort occur immediately after meals (less than 30 minutes)?	○	○	○	○	○
did this pain or discomfort occur 30 minutes to 2 hours after meals?	○	○	○	○	○
did this pain or discomfort occur 3 to 8 hours after meals?	○	○	○	○	○
was this pain or discomfort made better (relieved) by burping (bringing up air through mouth)?	○	○	○	○	○
was this pain or discomfort made better (relieved) by having a bowel movement?	○	○	○	○	○
was this pain or discomfort made better by eating?	○	○	○	○	○
was this pain or discomfort made worse by food or milk?	○	○	○	○	○
was this pain or discomfort made worse by having a bowel movement?	○	○	○	○	○
did this pain or discomfort travel anywhere outside the belly?	○	○	○	○	○
did you have more bowel movements (stools) when this pain or discomfort begins?	○	○	○	○	○
did you have looser bowel movements (stools) when this pain or discomfort begins?	○	○	○	○	○
did you have fewer bowel movements (stools) when this pain or discomfort begins?	○	○	○	○	○
did you have harder bowel movements (stools) when this pain or discomfort begins?	○	○	○	○	○
did this pain or discomfort also occur between or below your shoulder blades?	○	○	○	○	○
did this pain or discomfort also occur in the middle of your back?	○	○	○	○	○
did you have bloating or visible swelling when this pain or discomfort begins?	○	○	○	○	○
when you had this pain or discomfort, how often did it limit or restrict your daily activities (for example: work, household activities, and social events)?	○	○	○	○	○

An important purpose of this study is to learn about bowel habits in the community in the last 3 months.

14. Has your bowel habit changed in the last year?

O No → **If no, go to question 15.**

O Yes → **If yes, did you have any viral illness (like the flu or bad diarrhea) just before your change in bowel habit?**

O No O Yes

15. In the past 3 months, how would you describe your usual bowel pattern? (Mark one answer.)

O Normal → **If normal, go to question 16.**

O Constipated
O Diarrhea
O Alternating constipation and diarrhea

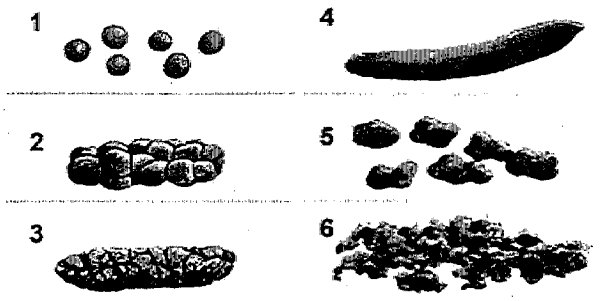
If your usual bowel pattern is not normal, when in your life did you first notice that your bowel pattern was not normal? (Mark one answer.)

O In the last 6 months
O 7 months to 1 year ago
O More than 1 year to 2 years ago
O More than 2 years to 5 years ago
O More than 5 years to 10 years ago
O More than 10 years to 20 years ago
O More than 20 years ago

16. How many bowel movements do you usually have in a week? (Mark one answer.)

O 1 or less
O 2
O 3 to 4
O 5 to 8
O 9 to 12
O 13 to 16
O 17 to 21
O 22 to 26
O More than 26

17. How would you describe your last bowel movement? (Mark one answer.)



7 = Liquid only

O 1. Separate hard lumps, like nuts
O 2. Sausage shaped but lumpy
O 3. Like a sausage or snake but with cracks on the surface
O 4. Like a sausage or snake, smooth and soft
O 5. Soft blobs with clear cut edges
O 6. Fluffy pieces with ragged edges, a mushy stool
O 7. Watery, no pieces, liquid only

18. In the past 3 months, have you seen mucus in your stools (that is, white or green slimy material)?

O No O Yes

19. In the past 3 months, have you noticed any blood in your stools or in the toilet bowl? (Mark all that apply.)

O No
O Yes – bright red blood
O Yes – dark black stools

20. In the past 3 months, were there at least 3 weeks when you had fewer than 3 bowel movements (0 to 2) a week?

O No O Yes

21. **In the past 3 months, did you strain during at least one fourth (1/4) of bowel movements?** (Mark one answer.)

- O Never or rarely
- O Sometimes
- O Often
- O Most of the time
- O Always

22. **In the past 3 months, were at least one fourth (1/4) of your stools hard or lumpy?** (Mark one answer.)

- O Never or rarely
- O Sometimes
- O Often
- O Most of the time
- O Always

23. **In the past 3 months, after at least one fourth (1/4) of bowel movements, did you feel there is still stool that needs to be passed?** (Mark one answer.)

- O Never or rarely
- O Sometimes
- O Often
- O Most of the time
- O Always

24. **In the past 3 months, did you have a sensation that the stool was blocked (cannot be passed) during at least one fourth (1/4) of bowel movements?** (Mark one answer.)

- O Never or rarely
- O Sometimes
- O Often
- O Most of the time
- O Always

25. **In the past 3 months, did you need to press on or around your bottom or to remove stool by hand in order to complete the bowel movement, with at least one fourth (1/4) of bowel movements?** (Mark one answer.)

- O Never or rarely
- O Sometimes
- O Often
- O Most of the time
- O Always

26. **In the past 3 months, did you have difficulty relaxing or letting go to allow the stool to come out, with at least one fourth (1/4) of bowel movements?** (Mark one answer.)

- O Never or rarely
- O Sometimes
- O Often
- O Most of the time
- O Always

27. **Did having hard stools or straining begin more than 6 months ago?**

O No O Yes

28. **In the past 3 months, were there 21 days when you had more than 3 (4 or more) bowel movements a day?**

O No O Yes

29. **In the past 3 months, were your stools LOOSE or WATERY?** (Mark one answer.)

- O Never or rarely
- O Sometimes
- O Often
- O Most of the time
- O Always

30. **In the past 3 months, did you experience an URGENT need to open your BOWELS that makes you rush to a toilet?** (Mark one answer.)

- O Never or rarely
- O Sometimes
- O Often
- O Most of the time
- O Always

31. **Did loose or watery stools begin more than 6 months ago.**

O No O Yes

32. In the past 3 months, how often have you accidentally leaked liquid or solid stool? (Mark one answer.)

- O Never
  - **If never, go to question 33.**
- O Less than 1 day a month
- O 1 day a month
- O 2 or 3 days a month
- O 1 day a week
- O More than 1 day a week
- O Every day

In the past 3 months, when this leakage occurred, about what amount was leaked?

- O A small amount (staining only)
- O Moderate amount (more than staining but less than a full bowel movement)
- O Large amount (a full bowel movement)

In the past 3 months, when this leakage occurred, about what was the composition of leakage?

- O Staining of underwear only
- O Liquid/mucus only
- O Stool only
- O Both liquid/mucus and stool

33. In the past 3 months, how often have you had aching, pain, or pressure in the anus or rectum when you were not having a bowel movement? (Mark one answer.)

- O Never
  - **If never, go to question 34.**
- O Less than 1 day a month
- O 1 day a month
- O 2 or 3 days a month
- O 1 day a week
- O More than 1 day a week
- O Every day

How long did the aching, pain, or pressure last?

- O From seconds to minutes and disappears completely
- O More than 20 minutes and up movement)

Did the aching, pain, or pressure in the anal canal or rectum begin more than 6 months ago?

- O No O Yes

NEXT, WE WOULD LIKE TO ASK YOU ABOUT OTHER COMPLAINTS.

34. In the past 3 months, how many times have you had the feeling of a lump, fullness, or something stuck in your throat? (Mark one answer.)

- O Never
  - **If never, go to question 35.**
- O Less than 1 day a month
- O 1 day a month
- O 2 or 3 days a month
- O 1 day a week
- O More than 1 day a week
- O Every day

Have you had this feeling 6 months or longer?

- O No O Yes

Does this feeling occur between meals (when you are not eating)?

- O No O Yes

When you are eating or drinking, does it hurt to swallow?

- O Never or rarely
- O Most of the time
- O Sometimes
- O Always
- O Often

35. In the past 3 months, how many times have you had pain or discomfort in the middle of your chest (not related to heart problems)? (Mark one answer.)

- O Never
  - **If never, go to question 36.**
- O Less than 1 day a month
- O 1 day a month
- O 2 or 3 days a month
- O 1 day a week
- O More than 1 day a week
- O Every day

Have you had this chest pain 6 months or longer?

- O No O Yes

When you had your chest pain, how often did it feel like burning?

- O Never or rarely
- O Most of the time
- O Sometimes
- O Always
- O Often

36. In the past 3 months, how often have you had heartburn (a burning or ache behind the breast bone in the chest)? (Do not count pain from angina or heart trouble.) (Mark one answer.)

- O Never

If never, go to question 37.

- O Less than 1 day a month
- O 1 day a month
- O 2 or 3 days a month
- O 1 day a week
- O More than 1 day a week
- O Every day

Have you had this heartburn for 6 months or longer?

O No O Yes

How severe was it usually? (Mark one answer.)

- O Very mild
- O Mild
- O Moderate
- O Severe
- O Very severe

As close as you can recall, when in your life did this heartburn begin? (Mark one answer.)

- O In the last 6 months
- O 7 months to 1 year ago
- O More than 1 year to 2 years ago
- O More than 2 years to 5 years ago
- O More than 5 years to 10 years ago
- O More than 10 years to 20 years ago
- O More than 20 years ago

Is your heartburn made better by taking antacids (like Tums, Riopan, Mylanta, Maalox, Gaviscon, or Rolaids)? (Mark one answer.)

- O Never or rarely
- O Sometimes
- O Often
- O Most of the time
- O Always
- O I don't take medication

37. In the past 3 months, how often have you noticed a very sour or acid tasting fluid at the back of your throat? (Mark one answer.)

- O Never

If never, go to question 38.

- O Less than 1 day a month
- O 1 day a month
- O 2 or 3 days a month
- O 1 day a week
- O More than 1 day a week
- O Every day

Have you had this problem for 6 months or longer?

O No O Yes

In the past 3 months, have you awakened from sleep because of acid in your throat or mouth?

O No O Yes

38. In the past 3 months, have you had difficulty swallowing (food or drinks get stuck in your throat after swallowing)? (Mark one answer.)

- O Never

If never, go to question 39.

- O Less than 1 day a month
- O 1 day a month
- O 2 or 3 days a month
- O 1 day a week
- O More than 1 day a week
- O Every day

Have you had this problem for 6 months or longer?

O No O Yes

With what did you have difficulty? (Mark one answer.)

- O Both solid foods and liquids
- O Solid foods only
- O Liquids only

Was the symptom of food sticking associated with heartburn?

- O Never or rarely
- O Sometimes
- O Often
- O Most of the time
- O Always

39. In the past 3 months, how many times did you feel uncomfortably full after a regular-size meal? (Mark one answer.)

- O Never
- O Less than 1 day a month
- O 1 day a month
- O 2 or 3 days a month
- O 1 day a week
- O More than 1 day a week
- O Every day

If never, go to question 40.

Have you had this uncomfortable fullness after meals 6 months or longer?

O No O Yes

40. In the past 3 months, how many times were you unable to finish a regular size meal? (Mark one answer.)

- O Never
- O Less than 1 day a month
- O 1 day a month
- O 2 or 3 days a month
- O 1 day a week
- O More than 1 day a week
- O Every day

If never, go to question 41.

Have you had this inability to finish regular size meals for 6 months or longer?

O No O Yes

41. In the past 3 months, how many times did you have pain or burning in the middle of your abdomen, above your belly button but not in your chest? (Mark one answer.)

- O Never
- O Less than 1 day a month
- O 1 day a month
- O 2 or 3 days a month
- O 1 day a week
- O More than 1 day a week
- O Every day

If never, go to question 42.

Have you had this pain or burning for 6 months or longer?

O No O Yes

Questions continue next column...

Does this pain or burning occur and then completely disappear during the same day?

O No O Yes

Usually, how severe was the pain in the middle of your abdomen, above your belly button? (Mark one answer.)

- O Very mild
- O Mild
- O Moderate
- O Severe
- O Very severe

Is this pain or burning affected by eating?

- O No effect of eating
- O Worse pain after eating
- O Less pain after eating

Does this pain or burning usually get better or stop after a bowel movement or passing gas?

O No O Yes

When this pain or burning starts, do you usually have a change in the number of bowel movements (either more or fewer)?

O No O Yes

When this pain or burning starts, do you usually have softer or harder stools?

O No O Yes

42. In the past 3 months, how many times did you have bothersome nausea (wanting to throw up? (Mark one answer.)

- O Never
  - **If never, go to question 43.**
- O Less than 1 day a month
- O 1 day a month
- O 2 or 3 days a month
- O 1 day a week
- O More than 1 day a week
- O Every day

Did this nausea start more than 6 months ago?

O No O Yes

43. In the past 3 months, how many times have you actually thrown up (vomited)? (Mark one answer.)

- O Never
  - **If never, go to question 44.**
- O Less than 1 day a month
- O 1 day a month
- O 2 or 3 days a month
- O 1 day a week
- O More than 1 day a week
- O Every day

Have you had this vomiting for 6 months or longer?

O No O Yes

Did you make yourself vomit? (Mark one answer.)

- O Never or rarely
- O Sometimes
- O Often
- O Most of the time
- O Always
- O I don't take medication

Did you have vomiting in the last year that occurred in separate episodes of a few days and then stopped?

O No O Yes

Did you have at least three episodes during the past year?

O No O Yes

44. In the past 3 months, how many times have you brought up food into your mouth? (Mark one answer.)

- O Never
  - **If never, go to question 45.**
- O Less than 1 day a month
- O 1 day a month
- O 2 or 3 days a month
- O 1 day a week
- O More than 1 day a week
- O Every day

Have you had this for 6 months or longer?

O No O Yes

When food comes into your mouth, do you generally hold it in your mouth for a while and then swallow it again or spit it out? (Mark one answer.)

- O Don't generally hold it
- O Swallow it after a while
- O Spit it out after a while

How often did you have retching (heaving) before food comes to your mouth? (Mark one answer.)

- O Never or rarely
- O Sometimes
- O Often
- O Most of the time
- O Always
- O I don't take medication

When food comes into your mouth, how often do you vomit or feel sick to your stomach? (Mark one answer.)

- O Never or rarely
- O Sometimes
- O Often
- O Most of the time
- O Always
- O I don't take medication

Do you stop bringing up food when it turns sour or acidic? (Mark one answer.)

- O Never or rarely
- O Sometimes
- O Often
- O Most of the time
- O Always
- O I don't take medication

45. In the past 3 months, how many times have you experienced bothersome belching or burping? (Mark one answer.)

- O Never
- O Less than 1 day a month
- O 1 day a month
- O 2 or 3 days a month
- O 1 day a week
- O More than 1 day a week
- O Every day

If never, go to question 46.

Did this bothersome belching start more than 6 months ago?

O No O Yes

46. In the past 3 months, how many times have you felt bloated in your abdomen or had visible swelling? (Mark one answer.)

- O Never
- O Less than 1 day a month
- O 1 day a month
- O 2 or 3 days a month
- O 1 day a week
- O More than 1 day a week
- O Every day

If never, go to question 47.

Did the bloating begin more than 6 months ago?

O No O Yes

Bloating can occur mainly in the upper belly (stomach), lower belly, or in both the upper and lower belly. Concerning your bloating, has this bloating in your belly usually been: (Mark one answer.)

- O Above the navel, that is, in the upper belly?
- O Below the navel, that is, in the lower belly?
- O In different places in both the upper and lower belly?

Did you feel bloated and actually see your belly swell up? (Mark one answer.)

- O Never or rarely
- O Sometimes
- O Often
- O Most of the time
- O Always
- O I don't take medication

47. Within the last year had you lost your appetite? (Mark one answer.)

- O Never or rarely
- O Sometimes
- O Often
- O Most of the time
- O Always

48. In the past 3 months, have you lost weight without deliberately dieting?

- O No
- O Less than 7 pounds
- O 7 pounds to less than 10 pounds
- O 10 pounds or more

49. In the past 3 months, have you taken your temperature and found it to be over 99 degrees F (38 degrees C) on several days?

O No O Yes

50. In the past 3 months, have you been told by your doctor that you are anemic (a low blood count or low iron), and it is not due to your menstrual period?

O No O Yes

51. In the past 3 months, have you vomited blood?

O No O Yes

52. In the past 3 months, have you had increasing difficulty swallowing?

O No O Yes

53. **In the past 3 months, did you have persistent or worsening hoarseness of the voice?**

O No O Yes

54. **In the past 3 months, did you have persistent or worsening neck or throat pain?**

O No O Yes

55. **In the past 3 months, have you had a recent major change in bowel habit?**

O No O Yes

56. **In the past 3 months, did you have chest pain on exertion, or chest pain related to heart problems?**

O No O Yes

57. **Do you have a parent or sibling who has or had one of the following:**

Cancer of the esophagus?

O No O Yes O I don't know

Cancer of the stomach?

O No O Yes O I don't know

Cancer of the colon (large bowel)?

O No O Yes O I don't know

Ulcerative colitis or Crohn's disease?

O No O Yes O I don't know

Celiac disease?

O No O Yes O I don't know

IMPORTANT: For each of the symptoms or illnesses below, please indicate how often it occurred and how bothersome it was in the last year.

	HOW OFTEN?						HOW BOTHERSOME?				
	Not a problem	Occurs about once a month	Occurs about once a week	Occurs several times a week	Occurs daily		Not a problem	Slightly bothersome when occurs	Moderately bothersome when occurs	Severely bothersome when occurs	Extremely bothersome when occurs
Headaches	○	○	○	○	○		○	○	○	○	○
Backaches	○	○	○	○	○		○	○	○	○	○
Asthma (wheezing)	○	○	○	○	○		○	○	○	○	○
Trouble breathing	○	○	○	○	○		○	○	○	○	○
Insomnia (difficulty sleeping)	○	○	○	○	○		○	○	○	○	○
Fatigue (tiredness)	○	○	○	○	○		○	○	○	○	○
General stiffness	○	○	○	○	○		○	○	○	○	○
Heart palpitations (pounding or racing)	○	○	○	○	○		○	○	○	○	○
Joint pains	○	○	○	○	○		○	○	○	○	○
Eye pain associated with reading	○	○	○	○	○		○	○	○	○	○
Dizziness	○	○	○	○	○		○	○	○	○	○
Weakness	○	○	○	○	○		○	○	○	○	○
Nervousness or shakiness	○	○	○	○	○		○	○	○	○	○
Hot or cold spells	○	○	○	○	○		○	○	○	○	○
High blood pressure	○	○	○	○	○		○	○	○	○	○
Feeling anxious, fearful, or afraid	○	○	○	○	○		○	○	○	○	○

Please check that you have responses for all 16 symptoms or illnesses — every item should have one bubble marked in the "How Often?" and the "How Bothersome?" columns.

OMB 2900-XXXX
Estimated Burden: 6 minutes

Additional Questions About Digestive Health

Directions: Please fill Circles like this: ● Not like this: ⊗ or this: ✓

Have you had any of the following in the past 30 DAYS.

	Not at all	Slightly	Moderately	Quite a bit	Extremely
1. I feel helpless because of my bowel problems.	○	○	○	○	○
2. I am embarrassed by the smell caused by my bowel problems.	○	○	○	○	○
3. I feel vulnerable to other illnesses because of my bowel problems.	○	○	○	○	○
4. I feel uncomfortable when I talk about my bowel problems.	○	○	○	○	○
5. I feel depressed about my bowel problems.	○	○	○	○	○
6. I feel isolated from others because of my bowel problems.	○	○	○	○	○
7. Because of my bowel problems, sexual activity is difficult for me.	○	○	○	○	○
8. I feel angry that I have bowel problems.	○	○	○	○	○
9. I feel irritable because of my bowel problems.	○	○	○	○	○
10. I feel sluggish because of my bowel problems.	○	○	○	○	○
11. I feel unclean because of my bowel problems.	○	○	○	○	○
12. Long trips are difficult for me because of my bowel problems.	○	○	○	○	○
13. I feel frustrated that I cannot eat when I want because of my bowel problems.	○	○	○	○	○
14. It is important to be near a toilet because of my bowel problems.	○	○	○	○	○
15. I feel that no one understands my bowel problems.	○	○	○	○	○
16. I am bothered by how much time I spend on the toilet.	○	○	○	○	○
17. I feel fat because of my bowel problems.	○	○	○	○	○
18. I feel like I'm losing control of my life because of my bowel problems.	○	○	○	○	○
19. I feel my life is less enjoyable because of my bowel problems.	○	○	○	○	○
20. I have to watch the amount of food I eat became of my bowel problems.	○	○	○	○	○
21. I feel like I irritate others because of my bowel problems.	○	○	○	○	○
22. I worry that my bowel problems will get worse.	○	○	○	○	○
23. I feel I get less done because of my bowel problems.	○	○	○	○	○
24. I have to avoid stressful situations because of my bowel problems.	○	○	○	○	○
25. My bowel problems limit what I can wear.	○	○	○	○	○
26. I have to avoid strenuous activity because of my bowel problems.	○	○	○	○	○
27. I have to watch the kind of food I eat because of my bowel problems.	○	○	○	○	○
28. Because of my bowel problems, I have difficulty being around people I do not know well.	○	○	○	○	○
29. My life revolves around my bowel problems.	○	○	○	○	○
30. I worry about losing control of my bowels.	○	○	○	○	○
31. I fear that I won't be able to have a bowel movement.	○	○	○	○	○
32. My bowel problems are affecting my closest relationships.	○	○	○	○	○

THANK YOU!