

FBD-R3

Today's

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MM DD YY

ID: _____

1. Name: 2. Age: 3. Sex: 1 Male 2 Female

4. In general, how would you describe your health?

5 Excellent 4 Very good 3 Good 2 Fair 1 Poor

5. What is the reason you came to the doctor today?

1. To get help for the following health problem (*please specify the most important health problems first*)

- a. _____
- b. _____
- c. _____

2. To get help for non-health problems (routine exam, health insurance, etc.) (*please specify*)

- e. _____

6. Please place a vertical mark (|) that indicates the amount of abdominal pain you felt today:

|-----|
 None Very Severe

7. If you felt any abdominal pain today would you say the pain was... (*Please select one*)

1 None 2 Mild 3 Moderate 4 Severe 5 Very Severe

8. Have you had any gastrointestinal (GI) 0 No 1 Yes

a. If YES, how long have you had them? _____ **Years** _____ **months**

9. The purpose of the survey below is to learn more about the health problems that people sometimes have with the stomach and intestines. The questionnaire will take about 15 minutes to complete. To answer each question, fill in the circle directly to the left of the correct answer. You may find that you have not had any of the symptoms that we will ask you about. When this happens, you will be instructed to skip over the questions that do not apply to you. If you are not sure about an answer, or you cannot remember the answer to a question, just answer as best you can. It is easy to miss questions, so please check that you haven't left any out as you go.

A. 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?	① Never →→→→→ ② Less than one day a month ③ One day a month ④ Two to three days a month ⑤ One day a week ⑥ More than one day a week ⑦ Every day	Skip to question 4
2. Have you had this feeling 6 months or longer?	① No ② Yes	

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3. Does this feeling occur between meals (when you are not eating)?	<input type="radio"/> No <input type="radio"/> Yes	
4. When you are eating or drinking, does it hurt to swallow?	<input type="radio"/> Never or rarely <input type="radio"/> Sometimes <input type="radio"/> Often <input type="radio"/> Most of the time <input type="radio"/> 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)?	<input type="radio"/> Never →→→→→ <input type="radio"/> Less than one day a month <input type="radio"/> One day a month <input type="radio"/> Two to three days a month <input type="radio"/> One day a week <input type="radio"/> More than one day a week <input type="radio"/> Every day	<i>Skip to question 8</i>
6. Have you had this chest pain 6 months or longer?	<input type="radio"/> No <input type="radio"/> Yes	
7. When you had your chest pain, how often did it feel like burning?	<input type="radio"/> Never or rarely <input type="radio"/> Sometimes <input type="radio"/> Often <input type="radio"/> Most of the time <input type="radio"/> Always	
8. In the last 3 months, how often did you have heartburn (a burning discomfort or burning pain in your chest)?	<input type="radio"/> Never →→→→→ <input type="radio"/> Less than one day a month <input type="radio"/> One day a month <input type="radio"/> Two to three days a month <input type="radio"/> One day a week <input type="radio"/> More than one day a week <input type="radio"/> Every day	<i>Skip to question 10</i>
9. Have you had this heartburn (burning pain or discomfort in the chest) 6 months or longer?	<input type="radio"/> No <input type="radio"/> Yes	
10. In the last 3 months, how often did food or drinks get stuck after swallowing or go down slowly through your chest?	<input type="radio"/> Never →→→→→ <input type="radio"/> Less than one day a month <input type="radio"/> One day a month <input type="radio"/> Two to three days a month <input type="radio"/> One day a week <input type="radio"/> More than one day a week <input type="radio"/> Every day	<i>Skip to question 13</i>
11. Was the symptom of food sticking associated with heartburn?	<input type="radio"/> Never or rarely <input type="radio"/> Sometimes <input type="radio"/> Often <input type="radio"/> Most of the time <input type="radio"/> Always	
12. Have you had this problem 6 months or longer?	<input type="radio"/> No <input type="radio"/> Yes	

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<p>13. In the last 3 months, how often did you feel uncomfortably full after a regular-sized meal?</p>	<p>⓪ Never →→→→→ ① Less than one day a month ② One day a month ③ Two to three days a month ④ One day a week ⑤ More than one day a week ⑥ Every day</p>	<p><i>Skip to question 15</i></p>
<p>14. Have you had this uncomfortable fullness after meals 6 months or longer?</p>	<p>⓪ No ① Yes</p>	
<p>15. In the last 3 months, how often were you unable to finish a regular size meal?</p>	<p>⓪ Never →→→→→ ① Less than one day a month ② One day a month ③ Two to three days a month ④ One day a week ⑤ More than one day a week ⑥ Every day</p>	<p><i>Skip to question 17</i></p>
<p>16. Have you had this inability to finish regular size meals 6 months or longer?</p>	<p>⓪ No ① Yes</p>	

B. Symptoms in the Stomach and Intestines

<p>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?</p>	<p>⓪ Never →→→→→ ① Less than one day a month ② One day a month ③ Two to three days a month ④ One day a week ⑤ More than one day a week ⑥ Every day</p>	<p><i>Skip to question 26</i></p>
<p>18. Have you had this pain or burning 6 months or longer?</p>	<p>⓪ No ① Yes</p>	
<p>19. Did this pain or burning occur and then completely disappear during the same day?</p>	<p>⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always</p>	
<p>20. Usually, how severe was the pain or burning in the middle of your abdomen, above your belly button?</p>	<p>① Very mild ② Mild ③ Moderate ④ Severe ⑤ Very severe</p>	
<p>21. Was this pain or burning affected by eating?</p>	<p>⓪ Not affected by eating ① Worse pain after eating ② Less pain after eating</p>	
<p>22. Was this pain or burning relieved by taking antacids?</p>	<p>⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always</p>	

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<p>23. Did this pain or burning usually get better or stop after a bowel movement or passing gas?</p>	<p>⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always</p>	
<p>24. When this pain or burning started, did you usually have a change in the number of bowel movements (either more or fewer)?</p>	<p>⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always</p>	
<p>25. When this pain or burning started, did you usually have softer or harder stools?</p>	<p>⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always</p>	
<p>26. In the last 3 months, how often did you have bothersome nausea?</p>	<p>⓪ Never →→→→→→ ① Less than one day a month ② One day a month ③ Two to three days a month ④ One day a week ⑤ More than one day a week ⑥ Every day</p>	<p><i>Skip to question 28</i></p>
<p>27. Did this nausea start more than 6 months ago?</p>	<p>⓪ No ① Yes</p>	
<p>28. In the last 3 months, how often did you vomit?</p>	<p>⓪ Never →→→→→→ ① Less than one day a month ② One day a month ③ Two to three days a month ④ One day a week ⑤ More than one day a week ⑥ Every day</p>	<p><i>Skip to question 33</i></p>
<p>29. Have you had this vomiting 6 months or longer?</p>	<p>⓪ No ① Yes</p>	
<p>30. Did you make yourself vomit?</p>	<p>⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always</p>	
<p>31. Did you have vomiting in the last year that occurred in separate episodes of a few days and then stopped?</p>	<p>⓪ Never or rarely →→→→→→ ① Sometimes ② Often ③ Most of the time ④ Always</p>	<p><i>Skip to question 33</i></p>
<p>32. Did you have at least three episodes during the past year?</p>	<p>⓪ No ① Yes</p>	

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<p>33. In the last 3 months, how often did food come back up into your mouth?</p>	<p>⓪ Never →→→→→→ ① Less than one day a month ② One day a month ③ Two to three days a month ④ One day a week ⑤ More than one day a week ⑥ Every day</p>	<p><i>Skip to question 39</i></p>
<p>34. Have you had this problem (food coming back up into your mouth) 6 months or longer?</p>	<p>⓪ No ① Yes</p>	
<p>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?</p>	<p>⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always</p>	
<p>36. Did you have retching (heaving) before food came into your mouth?</p>	<p>⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always</p>	
<p>37. When food came into your mouth, how often did you vomit or feel sick to your stomach?</p>	<p>⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always</p>	
<p>38. Did food stop coming back up into your mouth when it turned sour or acidic?</p>	<p>⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always</p>	
<p>39. In the last 3 months, how often did you experience bothersome belching?</p>	<p>⓪ Never →→→→→→ ① Less than one day a month ② One day a month ③ Two to three days a month ④ One day a week ⑤ More than one day a week ⑥ Every day</p>	<p><i>Skip to question 41</i></p>
<p>40. Did this bothersome belching start more than 6 months ago?</p>	<p>⓪ No ① Yes</p>	
<p>41. In the last 3 months, how often did you have discomfort or pain anywhere in your abdomen?</p>	<p>⓪ Never →→→→→→ ① Less than one day a month ② One day a month ③ Two to three days a month ④ One day a week ⑤ More than one day a week ⑥ Every day</p>	<p><i>Skip to question 52</i></p>

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<p>42. Did you only have pain (not discomfort or a mixture of discomfort and pain)?</p>	<p>① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always</p>	
<p>43. For women: Did this discomfort or pain occur only during your menstrual bleeding and not at other times?</p>	<p>① No ② Yes ③ Does not apply because I have had the change in life (menopause) or I am a male</p>	
<p>44. When you had this pain, how often did it limit or restrict your daily activities (for example, work, household activities, and social events)?</p>	<p>① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always</p>	
<p>45. Have you had this discomfort or pain 6 months or longer?</p>	<p>① No ② Yes</p>	
<p>46. How often did this discomfort or pain get better or stop after you had a bowel movement?</p>	<p>① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always</p>	
<p>47. When this discomfort or pain started, did you have more frequent bowel movements?</p>	<p>① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always</p>	
<p>48. When this discomfort or pain started, did you have less frequent bowel movements?</p>	<p>① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always</p>	
<p>49. When this discomfort or pain started, were your stools (bowel movements) looser?</p>	<p>① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always</p>	
<p>50. When this discomfort or pain started, how often did you have harder stools?</p>	<p>① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always</p>	
<p>51. How often was this pain or discomfort relieved by moving or changing positions?</p>	<p>① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always</p>	

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<p>52. In the last 3 months, how often did you have fewer than three bowel movements (0-2) a week?</p>	<p>① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always</p>	
<p>53. In the last 3 months, how often did you have hard or lumpy stools?*</p>	<p>① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always</p>	
<p>54. In the last 3 months, how often did you strain during bowel movements?</p>	<p>① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always</p>	
<p>55. In the last 3 months, how often did you have a feeling of incomplete emptying after bowel movements?</p>	<p>① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always</p>	
<p>56. In the last 3 months, how often did you have a sensation that the stool could not be passed, (i.e., blocked), when having a bowel movement?</p>	<p>① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always</p>	
<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?</p>	<p>① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always</p>	
<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?</p>	<p>① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always</p>	
<p>59. Did any of the symptoms of constipation listed in questions 52 – 58 above begin more than 6 months ago?</p>	<p>① No ② Yes</p>	
<p>60. In the last 3 months, how often did you have 4 or more bowel movements a day?</p>	<p>① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always</p>	
<p>61. In the last 3 months, how often did you have loose, mushy, or watery stools?*</p>	<p>① Never or rarely →→→→→→ ② Sometimes ③ Often ④ Most of the time ⑤ Always</p>	<p><i>Skip to question 63</i></p>

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62. In the last 3 months, were at least three-fourths (3/4) of your stools loose, mushy or watery?	<input type="radio"/> No <input type="radio"/> Yes	
63. In the last 3 months, how often did you have to rush to the toilet to have a bowel movement?	<input type="radio"/> Never or rarely <input type="radio"/> Sometimes <input type="radio"/> Often <input type="radio"/> Most of the time <input type="radio"/> Always	
64. Did you begin having frequent loose, mushy, or watery stools more than 6 months ago?	<input type="radio"/> No <input type="radio"/> Yes	
65. In the last 3 months, how often was there mucus or slime in your bowel movement?	<input type="radio"/> Never or rarely <input type="radio"/> Sometimes <input type="radio"/> Often <input type="radio"/> Most of the time <input type="radio"/> Always	
66. In the last 3 months, how often did you have bloating or distension?	<input type="radio"/> Never →→→→→ <input type="radio"/> Less than one day a month <input type="radio"/> One day a month <input type="radio"/> Two to three days a month <input type="radio"/> One day a week <input type="radio"/> More than one day a week <input type="radio"/> Every day	<i>Skip to question 68</i>
67. Did your symptoms of bloating or distention begin more than 6 months ago?	<input type="radio"/> No <input type="radio"/> Yes	

C. Symptoms in the Gall Bladder or Pancreas

68. In the last 6 months, how often did you have steady pain in the middle or right side of your upper abdomen?	<input type="radio"/> Never →→→→→ <input type="radio"/> Less than one day a month <input type="radio"/> One day a month <input type="radio"/> Two to three days a month <input type="radio"/> One day a week <input type="radio"/> More than one day a week <input type="radio"/> Every day	<i>Skip to question 75</i>
69. Did this pain last 30 minutes or longer?	<input type="radio"/> Never or rarely <input type="radio"/> Sometimes <input type="radio"/> Often <input type="radio"/> Most of the time <input type="radio"/> Always	
70. Did this pain build up to a steady, severe level?	<input type="radio"/> Never or rarely <input type="radio"/> Sometimes <input type="radio"/> Often <input type="radio"/> Most of the time <input type="radio"/> Always	

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71. Did this pain go away completely between episodes?	<ul style="list-style-type: none"> ⓪ Never or rarely ① Sometimes ② Often ③ Most of the time 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?	<ul style="list-style-type: none"> ⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always 	
73. Have you had your gallbladder removed?	<ul style="list-style-type: none"> ⓪ No →→→→→→ ① Yes 	<i>Skip to question 75</i>
74. How often have you had this pain since your gallbladder was removed?	<ul style="list-style-type: none"> ⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always 	

D. Symptoms in the Rectum or Anal Canal

75. In the last 3 months, how often have you accidentally leaked liquid or solid stool?	<ul style="list-style-type: none"> ⓪ Never →→→→→→ ① Less than one day a month ② One day a month ③ Two to three days a month ④ One day a week ⑤ More than one day a week ⑥ Every day 	<i>Skip to question 78</i>
76. In the last 3 months, when this leakage occurred, about what amount was leaked?	<ul style="list-style-type: none"> ① A small amount (staining only) ② Moderate amount (more than staining, but less than a full bowel movement) ③ Large amount (a full bowel movement) 	
77. In the last year, when this leakage occurred, what was the composition of leakage?	<ul style="list-style-type: none"> ① Liquid/mucus only ② Stool only ③ Both liquid/mucus and stool 	
78. In the last 3 months, how often have you had aching, pain, or pressure in the anus or rectum when you were not having a bowel movement?	<ul style="list-style-type: none"> ⓪ Never →→→→→→ ① Less than one day a month ② One day a month ③ Two to three days a month ④ One day a week ⑤ More than one day a week ⑥ Every day 	<i>Skip to question 82</i>
79. How long did the aching, pain or pressure last?	<ul style="list-style-type: none"> ① From seconds to up to 20 minutes and disappeared completely ② More than 20 minutes and up to several days or longer 	

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80. Did the pain in your anus and rectum occur and then completely disappear during the same day?	<input type="radio"/> No <input type="radio"/> Yes	
81. Did the aching, pain or pressure in the anal canal or rectum begin more than 6 months ago?	<input type="radio"/> No <input type="radio"/> Yes	

E. Other Questions

82. In the last 3 months, how often have you noticed blood in your stools?	<input type="radio"/> Never or rarely <input type="radio"/> Sometimes <input type="radio"/> Often <input type="radio"/> Most of the time <input type="radio"/> Always	
83. In the last 3 months, how often have you noticed black stools?	<input type="radio"/> Never or rarely <input type="radio"/> Sometimes <input type="radio"/> Often <input type="radio"/> Most of the time <input type="radio"/> Always	
84. In the last 3 months, how often have you vomited blood?	<input type="radio"/> Never or rarely <input type="radio"/> Sometimes <input type="radio"/> Often <input type="radio"/> Most of the time <input type="radio"/> Always	
85. Have you been told by your doctor that you are anemic (a low blood count or low iron)? (If female, not due to your menstrual period.)	<input type="radio"/> No <input type="radio"/> Yes	
86. In the last 3 months, how often have you taken your temperature and found it to be over 99 degrees Fahrenheit (38 degrees Centigrade) on different days?	<input type="radio"/> Never or rarely <input type="radio"/> Sometimes <input type="radio"/> Often <input type="radio"/> Most of the time <input type="radio"/> Always	
87. In the last 3 months, have you unintentionally lost over 10 pounds (4.5 kilograms)?	<input type="radio"/> No <input type="radio"/> Yes	
88. If you are over age 50, have you had a recent major change in bowel movements (change in frequency or consistency)?	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Does not apply	
89. Do you have a parent, brother, or sister who has (or had) one or more of the following:		
1. Cancer of the esophagus, stomach or colon	<input type="radio"/> No <input type="radio"/> Yes	
2. Ulcerative colitis or Crohn's disease	<input type="radio"/> No <input type="radio"/> Yes	
3. Celiac disease	<input type="radio"/> No <input type="radio"/> Yes	

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90. In the past 3 months, how often did you have persistent or worsening hoarseness of the voice?	① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always	
91. In the past 3 months, how often did you have persistent or worsening neck or throat pain?	① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always	
92. In the past 3 months, how often did you have chest pain on exertion, or chest pain related to heart problems?	① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always	
93. In the last 3 months, how often have you had difficulty swallowing?	① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always	

Thank you for completing this questionnaire. Your completed questionnaire will remain confidential.