Functional Dyspepsia Module

1. In the final 3 months, how usually did you have ache or discomfort in the middle of your chest (not associated to coronary heart problems)?
   - 0 Never
   - 1 Less than at some point a month
   - 2 One day a month
   - 3 Two to a few days a month
   - 4 One day per week
   - 5 More than one day every week
   - 6 Every day

2. In the final 3 months, how usually did you have heartburn (a burning discomfort or burning ache in your chest)?
   - 0 Never
   - 1 Less than at some point a month
   - 2 One day a month
   - 3 Two to three days a month
   - 4 One day per week
   - 5 More than one day every week
   - 6 Every day

3. In the final 3 months, how usually did you feel uncomfortably full after a regular sized meal?
   - Never → 1 Less than at some point a month
   - 2 One day a month
   - 3 Two to three days a month
   - 4 One day per week
   - 5 More than one day every week
   - 6 Every day
   - Skip to query 5

4. Have you had this uncomfortable fullness after meals 6 months or longer?
   - 0 No
   - 1 Yes

5. In the last three months, how often have you been unable to complete a daily measurement meal?
   - 0 Never → 1 Less than at some point a month
   - 2 One day a month
   - 3 Two to three days a month
   - 4 One day per week
   - 5 More than one day every week
   - 6 Every day
   - Skip to question 7

6. Have you had this inability to complete common measurement meals 6 months or longer?
   - 0 No
   - 1 Yes

7. In the last 3 months, how usually did you have pain or burning in the middle of your abdomen, above your stomach button but not in your chest?
   - 0 Never → 1 Less than in the future a month
   - 2 One day a month
   - 3 Two to three days a month
   - 4 One day per week
   - 5 More than one day every week
   - 6 Every day
   - Skip remaining questions

8. Have you had this pain or burning 6 months or longer?
   - 0 No
   - 1 Yes

9. Did this ache or burning occur and then completely disappear during the identical day?
   - 0 Never or rarely
   - 1 Sometimes
   - 2 Often
   - 3 Most of the time
   - 4 Always

10. Usually, how extreme was the ache or burning in the course of your stomach, above your belly button?
    - 1 Very mild  2 Mild  3 Moderate  4 Severe  5 Very severe  11.

11. Was this pain or burning relieved by taking antacids?
    - 0 Never or rarely
    - 1 Sometimes
    - 2 Often
    - 3 Most of the time
    - 4 Always

12. Did this ache or burning often get higher or cease after a bowel movement or passing gas?
    - 0 Never or rarely
    - 1 Sometimes
    - 2 Often
    - 3 Most of the time
    - 4 Always

13. How typically was this pain or discomfort relieved by transferring or altering positions?
    - 0 Never or rarely
    - 1 Sometimes
    - 2 Often
    - 3 Most of the time
    - 4 Always

14. In the final 6 months, how typically did you have regular ache within the center or right side of your upper abdomen?
    - 0 Never → 1 Less than one day a month
    - 2 One day a month
    - 3 Two to three days a month
    - 4 One day per week
    - 5 More than at some point every week
    - 6 Every day
    - Skip remaining questions

15. Did this pain last half-hour or longer?
    - 0 Never or hardly ever
    - 1 Sometimes
    - 2 Often
    - 3 Most of the time
    - 4 Always

16. Did this ache build up to a steady, severe level?
    - 0 Never or hardly ever
    - 1 Sometimes
    - 2 Often
    - 3 Most of the time
    - 4 Always
Did this ache go away completely between episodes? zero Never or hardly ever 1 Sometimes 2 Often 3 Most of the time 4 Always

18. Did this pain cease you out of your traditional activities, or trigger you to see a doctor urgently or go to the emergency department? 0 Never or not often 1 Sometimes 2 Often 3 Most of the time 4 Always

**Functional Dyspepsia**

Diagnostic criteria* Must include: 1. One or more of: a. Bothersome postprandial fullness Uncomfortably full after regular sized meal, greater than 1 day/week (question 3>4) Onset more than 6 months in the past (question 4=1)b.

Early satiation Unable to finish regular sized meal, greater than 1 day/week (question 5>4) Onset greater than 6 months in the past. Yes. (question 6=1) c. Epigastric ache Pain or burning in center of abdomen, no less than 1 day/week (question 7>3) Onset more than 6 months in the past. Yes. (question 8=1)d. Epigastric burning (This criterion is integrated in the identical question as epigastric pain) AND 1.

- No evidence of structural illness (including at higher endoscopy) that's prone to clarify the signs No query.
- Criteria fulfilled for the last 3 months with symptom onset a minimum of 6 months prior to prognosis Yes. (question 8=1) B1a: Postprandial Distress Syndrome (PDS) Diagnostic criteria* Must include all of the following: 1.

Bothersome postprandial fullness, occurring after strange sized meals, no much less than several instances per week Uncomfortably full after common sized meal, more than 1 day/week (question 3>4). Early satiation that prevents finishing a regular meal, at least a quantity of occasions per week Unable to complete regular sized meal more than 1 day/week (question 5>4).

Criteria fulfilled for the last three months with symptom onset a minimum of 6 months prior to analysis Requires a “Yes” to both. (question 4=1) & (question 6=1) B1b: Epigastric Pain Syndrome (EPS) Diagnostic criteria* Must include all of the following: 1.

Pain or burning localized to the epigastrium, of no less than average severity a minimal of as soon as per week Pain or burning in center of stomach, at least 1 day/week (question 7>3) Pain is no much less than moderate severity (question 10>2). The pain is intermittent Pain or burning typically disappears fully in the identical day (question 9>1) three.

Not generalized or localized to different belly or chest areas 4 Chest pain occurs once a month or much less often (question 1<3) Heartburn happens once a month or much less typically (question 2<3) four. Not relieved by defecation or passage of flatus Never or not often will get better after defecation (question 12=0) 5.

- Not fulfilling criteria for biliary ache 6. Criteria fulfilled for the last three months with symptom onset a minimal of 6 months previous to prognosis Yes. (question eight =1) E.
- Functional Gallbladder and Sphincter of Oddi Disorders (for exclusion) Diagnostic criteria* Must embrace episodes of pain located in the epigastrium and/or proper upper quadrant Steady pain which can occur less than once per thirty days (question 14>0) AND all of the following: 1.
Episodes lasting 30 minutes or longer at least typically (question 15>1). Recurrent signs occurring at different intervals (not daily) at least often (question 17>1). The ache builds up to a gradual degree at least typically (question 16>1). The pain is moderate to severe enough to interrupt the patient's daily activities or result in an emergency division go to At least often (question 18>1). The ache just isn't relieved by bowel movements Never or hardly ever. (question 12=0). The ache just isn't relieved by postural change Never or hardly ever. (question 13=0). The pain isn't relieved by antacids Never or hardly ever. (question 11=0). Eight. Exclusion of other structural illness that would explain the signs. No question.