

The Spectrum of Constipation-Predominant Irritable Bowel Syndrome and Chronic Idiopathic Constipation: US Survey

Assessing Symptoms, Care Seeking, and Disease Burden

SUPPLEMENTARY MATERIALS:

- I. SCREENING QUESTIONNAIRE
- II. MAIN SURVEY QUESTIONNAIRE

JOB #380-04December 18, 2009

I. SCREENING QUESTIONNAIRE G.I. PREVALENCE

CONFIDENTIALITY—ONLY ASKED IF RESIDENCE IS IN CALIFORNIA

S1 We are requesting your consent to interview you. We will use the information you provide for market research only. Information we collect from you will be used only for marketing research purposes or otherwise as required by law and may be shared with other companies to assist us in performing the research. Your information will be summarized, and your name, e-mail address and phone number will not be included in any market research reports provided to the pharmaceutical company that hired us or to their affiliated companies or business partners. If you agree to our conducting this interview and using your information as described, please indicate "YES" below.

Yes	<input type="checkbox"/> 1	CONTINUE
No	<input type="checkbox"/> 2	THANK & TERMINATE

NEW SCREEN

S2 Are you or is anyone in your household employed by...? (SELECT AS MANY AS APPLY)

An advertising agency or public relations firm	<input type="checkbox"/> 1 TERMINATE
A marketing research company or department	<input type="checkbox"/> 2 TERMINATE
A healthcare or pharmaceutical company	<input type="checkbox"/> 3 TERMINATE
None of these	<input type="checkbox"/> 4 CONTINUE

NEW SCREEN

S3 What is your age?

_____ (TERMINATE IF UNDER 18)

NEW SCREEN

S4 What is your gender?

Male 1Female 2**NEW SCREEN**

S5 Have you been diagnosed by a doctor to have any of the following health conditions?

Condition	Yes	No
Inflammatory bowel disease such as Ulcerative Colitis, or Crohn's disease	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Diverticulitis	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Ulcer or significant inflammation in the stomach or small intestine	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Cancer in the stomach or GI tract	<input type="checkbox"/> 1	<input type="checkbox"/> 2

TERMINATE IF YES TO ANY OF THE ABOVE CONDITONS

NEW SCREEN

S6 During the past 12 months, have you had any gastrointestinal symptoms such as constipation, diarrhea, abdominal pain or discomfort, bloating, heartburn, acid reflux, feeling full too quickly when eating even a small portion, or other gastrointestinal symptoms?

Yes []1 **CONTINUE**
No []2 **THANK & TERMINATE**

NEW SCREEN**ROME IBS CRITERIA**

S7a In the past 3 months, have you experienced any pain or discomfort in your abdomen for 3 days or more per month? Please note that the 3 days need not have been consecutive.

Yes []1
No []2

S7b In the past 12 months, have you experienced any pain or discomfort in your abdomen for at least 12 weeks? Please note that the 12 weeks need not have been consecutive.

Yes []1
No []2

NEW SCREEN

S8 **(FOR FEMALES ONLY:)** Did this pain or discomfort occur only during your menstrual bleeding and not at other times?

Yes []1 **SKIP TO S11**
No []2
Not applicable []3

NEW SCREEN

S9 Have you had this pain or discomfort for 6 months or longer?

Yes []1

No []2

NEW SCREEN

S10 Which, if any, of the following applies to your abdominal pain or discomfort?

	Yes	No
The abdominal pain is relieved with a bowel movement (BM)	[]1	[]2
The abdominal pain is associated with a change in the frequency of bowel movements	[]1	[]2
The abdominal pain is associated with a change in the consistency (looseness or hardness) of bowel movements	[]1	[]2

NEW SCREEN**ASK EVERYONE****ROME CHRONIC CONSTIPATION / ROME FD**

S11 Think about the past 3 months. Please indicate whether you have experienced the following symptoms in the past 3 months.

ROME CC

- | | Yes | No |
|---|------|------|
| 1 Less than 3 complete bowel movements per week | []1 | []2 |
| 2 Straining with your bowel movements | []1 | []2 |
| 3 Lumpy or hard bowel movements | []1 | []2 |
| 4 Sensation of incomplete elimination with your bowel movements | []1 | []2 |
| 5 Sensation of your rectum being blocked with your bowel movements | []1 | []2 |
| 6 Need to specifically manipulate with your hands or fingers to facilitate your bowel movements | []1 | []2 |

ROME FD

- | | | |
|--|------|------|
| 1 Feeling uncomfortably full after eating a normal size meal | []1 | []2 |
| 2 Feeling full too quickly when eating even a small portion | []1 | []2 |
| 3 Feeling abdominal pain in the upper abdomen above the belly button or in the pit of your stomach | []1 | []2 |
| 4 Feeling abdominal pain in the lower abdomen below the belly button | []1 | []2 |

NEW SCREEN

ASK Q.S11a FOR EACH CC SYMPTOM 2-6 ANSWERED “YES” IN Q.S11.

S11a Please indicate how often you experience **(INSERT SYMPTOM)**.

- | | |
|---|------|
| With fewer than 10% of your bowel movements | []1 |
| 10% to 24% of your bowel movements | []2 |
| 25% to 49% of your bowel movements | []3 |
| 50% to 74% of your bowel movements | []4 |
| 75% or more of your bowel movements | []5 |

NEW SCREEN**ASK EVERY ONE**

S12 Think about the past 12 months. Now, please indicate whether you have experienced the following symptoms for at least 12 weeks in the past 12 months. Please note that the 12 weeks need not have been consecutive.

ROME/ACG CC

	Yes	No
1 Less than 3 complete bowel movements per week	[]1	[]2
2 Straining with more than 25% of your bowel movements	[]1	[]2
3 Lumpy or hard bowel movements more than 25% of the time	[]1	[]2
4 Sensation of incomplete elimination with more than 25% of your bowel movements	[]1	[]2
5 Sensation of your rectum being blocked with more than 25% of your bowel movements	[]1	[]2
6 Need to specifically manipulate with your hands or fingers to facilitate more than 25% of your bowel movements	[]1	[]2

MANNING IBS

1 Abdominal pain relieved by having a bowel movement (BM)	[]1	[]2
2 Loose or watery stools with the onset of abdominal pain	[]1	[]2
3 Urge to have a bowel movement with the onset of pain	[]1	[]2
4 Abdominal bloating or distension	[]1	[]2
5 Passage of mucus in stools	[]1	[]2
6 Sensation of not getting all of the stool out of your rectum when you have a bowel movement	[]1	[]2

ROME FD

1 Feeling abdominal pain in the upper abdomen above the belly button or in the pit of your stomach	[]1	[]2
2 Feeling abdominal pain in the lower abdomen below the belly button	[]1	[]2

NEW SCREEN

S13 Over the past 3 months, would you say that your stools are rarely loose unless you use laxatives?

Yes, rarely loose []1

No, frequently loose []2

No, normal consistency of stool []3

ASK S14 IF ANY ROME CC SYMPTOMS CHECKED IN Q.S11

S14 Earlier you said you experience the following symptom(s) **(INSERT ROME CC SYMPTOMS CHECKED “YES FROM S11)**. Have you had these symptoms for 6 months or longer?

Yes []1

No []2

ASK S15 IF ANY ROME FD SYMPTOMS 1-3 CHECKED IN Q.S11

S15 Earlier you said you experience the following symptom(s) **(INSERT ROME FD SYMPTOMS 1-3 CHECKED “YES” FROM S11)**. Have you had these symptoms for 6 months or longer?

Yes []1

No []2

NEW SCREEN**ADDITIONAL QUESTION FOR ACG GUIDELINE**

S16 Do you think that you are constipated most of the time?

Yes []1

No []2

NEW SCREEN**ACID REFLUX /GERD CRITERION**

Whether or not you use any treatments for gastrointestinal symptoms, please answer the following questions about the symptoms you would experience if you did nothing to treat the symptoms you have or had before treatment.

S17 If you did nothing to treat gastrointestinal symptoms, would you experience a burning feeling behind your breastbone at least once a week (heartburn)?

Yes []1

No []2

NEW SCREEN

S18 If you did nothing to treat gastrointestinal symptoms, would food or acid tasting liquid return to your throat or mouth at least once a week (regurgitation)?

Yes []1

No []2

NEW SCREEN

S19 If you did nothing to treat gastrointestinal symptoms, how often would you experience heartburn or the return of food or acid to your throat or mouth?

Less than once a week []1

Once a week []2

Twice a week []3

Three times a week []4

More than three times a week []5

NEW SCREEN**(ASK EVERYONE)**

S20 Which, if any, of the following conditions have you been diagnosed as having by a doctor? **(ACCEPT MULTIPLE ANSWERS.)**

	Yes	No	Don't Know / Unsure
1 Irritable Bowel Syndrome or IBS	[]1	[]2	[]3
2 Spastic or Irritable Colon	[]1	[]2	[]3
3 Chronic or Continuous Constipation	[]1	[]2	[]3
4 Dyspepsia	[]1	[]2	[]3
5 Acid Reflux Disease or GERD	[]1	[]2	[]3

NEW SCREEN**ASK IF IBS (DIAGNOSED OR UNDIAGNOSED):**

- **IBS-C DIAGNOSED: “YES” TO CONDITION “1 OR 2” IN S20; OR**
- **NOT IBS-C DIAGNOSED AND (“YES” IN S7b AND NOT “YES” IN S8 AND “YES” TO AT LEAST TWO OF THREE ITEMS IN S10) OR (“YES” IN S7a AND NOT “YES” IN S8 AND “YES” IN S9 AND “YES” TO AT LEAST TWO OF THREE ITEMS IN S10) OR (“YES” TO 2 OR MORE OF THE MANNING SYMPTOMS IN S12)**

S21 Would you say that you suffer predominantly from constipation, predominantly from diarrhea, or from both about equally?

Predominately constipation	[]1
Predominately diarrhea	[]2
Both constipation and diarrhea about equally	[]3

NEW SCREEN

(ASK IF "3" IN S21)

S22 Would you say that your constipation or your diarrhea is more bothersome?

Constipation is more bothersome []1

Diarrhea is more bothersome []2

ELIGIBILITY CRITERIA

Condition	
IBS-C Diagnosed	<ul style="list-style-type: none"> • “Yes” to condition “1” or “2” in S20 AND Punch “1” in S21 <u>OR</u> • “Yes” to condition “1” or “2” in S20 AND Punch “3” in S21 AND Punch “1” in S22
IBS-C Not Diagnosed and	<ul style="list-style-type: none"> • Not IBS-C Diagnosed AND.....
IBS-C: Rome II Undiagnosed	<ul style="list-style-type: none"> • “Yes” in S7b AND NOT “Yes” in S8 AND “Yes” to at least two of three items in S10; AND EITHER: • Punch “1” in S21 <u>OR</u> • Punch “3” in S21 AND Punch “1” in S22
IBS-C: Rome III Undiagnosed	<ul style="list-style-type: none"> • “Yes” in S7a AND NOT “Yes” in S8 AND “Yes” in S9 AND “Yes” to at least two of three items in S10; AND EITHER: • Punch “1” in S21 <u>OR</u> • Punch “3” in S21 AND Punch “1” in S22
IBS-C: Manning Undiagnosed	<ul style="list-style-type: none"> • “Yes” to 2 or more of the Manning symptoms in S12; AND EITHER: • Punch “1” in S21 <u>OR</u> • Punch “3” in S21 AND Punch “1” in S22

Condition	
CC Diagnosed	<ul style="list-style-type: none"> • “Yes” to condition “3” in S20
CC Not Diagnosed and	<ul style="list-style-type: none"> • Not CC Diagnosed AND.....
CC: Rome II Undiagnosed	<ul style="list-style-type: none"> • “Yes” to 2 or more Rome ACG/CC symptoms in S12
CC: Rome III Undiagnosed	<ul style="list-style-type: none"> • “Yes” to symptom 1 in S11 or punches 3-5 (25% or more) in S11a to at least 2 symptoms in S11, AND • Punch “1 or 3” in S13; AND • “Yes” in S14; AND • Does not meet criteria for IBS-C Diagnosed or IBS-C Rome III Undiagnosed.
CC: ACG Guidelines	<ul style="list-style-type: none"> • “Yes” to symptom “1” under ACS CC in S12; OR • “Yes” to 2 or more of these symptoms under ACG CC: “2”, “3”, “4” or “6” IN S12; OR • “Yes” to S16
Dyspepsia Diagnosed	<ul style="list-style-type: none"> • Punch “4” in S20

Condition	
Dyspepsia Not Diagnosed and.....	<ul style="list-style-type: none"> • Not Diagnosed Dyspepsia AND.....
FD: Rome II Undiagnosed	<ul style="list-style-type: none"> • “Yes” in S7b; AND • NOT “yes” in S8; AND • “Yes” to symptom 1 under Rome FD in S12; AND • 2 or All 3 Items Punched “NO” in S10
FD: Rome III Undiagnosed	<ul style="list-style-type: none"> • “Yes” to one or more of the Rome FD symptoms “1-3” in S11; AND • “Yes” to S15
ARD or GERD Diagnosed	<ul style="list-style-type: none"> • Punch “5” in S20
ARD/GERD Not Diagnosed and.....	<ul style="list-style-type: none"> • Not ARD/GERD Diagnosed AND.....
ARD/GERD Undiagnosed	<ul style="list-style-type: none"> • “Yes” in S17 OR “Yes” in S18; AND • Punches “3-5” in S19

TERMINATE IF NOT ELIGIBLE FOR ANY CONDITION.

CONTINUE TO PREVALENCE SURVEY IF ELIGIBLE FOR ONE OR MORE CONDITIONS.

JOB #380-04

December 17, 2009

II. MAIN SURVEY QUESTIONNAIRE

TEAM: CATEGORY HEADINGS WILL NOT BE SHOWN IN ACTUAL SURVEY AND SYMPTOM ORDER WILL BE RANDOMIZED

1. Which of the following symptoms have you experienced during the past 12 months? (SELECT ALL THAT APPLY)

General Pain

- Gas pain
- Abdominal pain
- Abdominal discomfort.....
- Stomach cramping
- Bloating.....

Have Experienced In Past 12 Months

- [] 1
- [] 2
- [] 3
- [] 4
- [] 5

Diarrhea

- Diarrhea.....
- Sudden urges to have bowel movements.....

- [] 6
- [] 7

Constipation

- Constipation.....
- Straining when having a bowel movement
- Having hard or lumpy stool.....
- Having pellet-like stools
- The inability to have a bowel movement.....
- Rectal pain when having a bowel movement

- [] 8
- [] 9
- [] 10
- [] 11
- [] 12
- [] 13

Satiety

- Feeling full too quickly when eating even a small portion

- [] 14

Other

- Heartburn or Acid reflux
- Not completely emptying your rectum or bowels after a bowel movement.....

- [] 15
- [] 16

[] 99 TERMINATE

NONE OF THE ABOVE

NEW SCREEN

(PROGRAMMER: LIST SYMPTOMS CHECKED IN Q 1)

2. How frequently did you experience each symptom during the past 12 months? (SELECT ONE FOR EACH SYMPTOM)

	<u>Every day</u>	<u>4-6 days per week</u>	<u>2-3 days per week</u>	<u>1 day a week</u>	<u>1-2 days a month</u>	<u>5-10 days a yr.</u>	<u>Less than 5 days a year</u>
General Pain							
Gas pain	[] 1	[] 2	[] 3	[] 4	[] 5	[] 6	[] 7
Abdominal pain	[] 1	[] 2	[] 3	[] 4	[] 5	[] 6	[] 7
Abdominal discomfort.....	[] 1	[] 2	[] 3	[] 4	[] 5	[] 6	[] 7
Stomach cramping	[] 1	[] 2	[] 3	[] 4	[] 5	[] 6	[] 7
Bloating.....	[] 1	[] 2	[] 3	[] 4	[] 5	[] 6	[] 7
Diarrhea							
Diarrhea.....	[] 1	[] 2	[] 3	[] 4	[] 5	[] 6	[] 7
Sudden urges to have bowel movements.....	[] 1	[] 2	[] 3	[] 4	[] 5	[] 6	[] 7
Constipation							
Constipation.....	[] 1	[] 2	[] 3	[] 4	[] 5	[] 6	[] 7
Straining when having a bowel movement	[] 1	[] 2	[] 3	[] 4	[] 5	[] 6	[] 7
Having hard or lumpy stool.....	[] 1	[] 2	[] 3	[] 4	[] 5	[] 6	[] 7
Having pellet-like stools	[] 1	[] 2	[] 3	[] 4	[] 5	[] 6	[] 7
The inability to have a bowel movement.....	[] 1	[] 2	[] 3	[] 4	[] 5	[] 6	[] 7
Rectal pain when having a bowel movement	[] 1	[] 2	[] 3	[] 4	[] 5	[] 6	[] 7
Satiety							
Feeling full too quickly when eating even a small portion.....	[] 1	[] 2	[] 3	[] 4	[] 5	[] 6	[] 7
Other							
Heartburn or Acid reflux	[] 1	[] 2	[] 3	[] 4	[] 5	[] 6	[] 7
Not completely emptying your rectum or bowels after a bowel movement.....	[] 1	[] 2	[] 3	[] 4	[] 5	[] 6	[] 7

NEW SCREEN

3. Typically, how bothersome is each of the following symptoms when you experience it? (SELECT ONE FOR EACH SYMPTOM)

(PROGRAMMER: LIST SYMPTOMS ANSWERED YES TO IN Q 1)

	<u>Extremely Bothersome</u>	<u>Very Bothersome</u>	<u>Somewhat Bothersome</u>	<u>A Little Bothersome</u>	<u>Not At All Bothersome</u>
General Pain					
Gas pain	[] 5	[] 4	[] 3	[] 2	[] 1
Abdominal pain	[] 5	[] 4	[] 3	[] 2	[] 1
Abdominal discomfort.....	[] 5	[] 4	[] 3	[] 2	[] 1
Stomach cramping	[] 5	[] 4	[] 3	[] 2	[] 1
Bloating.....	[] 5	[] 4	[] 3	[] 2	[] 1
Diarrhea					
Diarrhea.....	[] 5	[] 4	[] 3	[] 2	[] 1
Sudden urges to have bowel movements.....	[] 5	[] 4	[] 3	[] 2	[] 1
Constipation					
Constipation.....	[] 5	[] 4	[] 3	[] 2	[] 1
Straining when having a bowel movement	[] 5	[] 4	[] 3	[] 2	[] 1
Having hard or lumpy stool.....	[] 5	[] 4	[] 3	[] 2	[] 1
Having pellet-like stools	[] 5	[] 4	[] 3	[] 2	[] 1
The inability to have a bowel movement.....	[] 5	[] 4	[] 3	[] 2	[] 1
Rectal pain when having a bowel movement	[] 5	[] 4	[] 3	[] 2	[] 1
Satiety					
Feeling full too quickly when eating even a small portion	[] 5	[] 4	[] 3	[] 2	[] 1
Other					
Heartburn or Acid reflux	[] 5	[] 4	[] 3	[] 2	[] 1
Not completely emptying your rectum or bowels after a bowel movement.....	[] 5	[] 4	[] 3	[] 2	[] 1

NEW SCREEN

ASK Q.4 IF MORE THAN ONE “YES” IN Q.1.

4. Which of the following symptoms are typically most bothersome, 2nd most bothersome and 3rd most bothersome?
(SELECT ONE SYMPTOM IN EACH COLUMN)

(PROGRAMMER: LIST SYMPTOMS ANSWERED YES TO IN Q 1 AND ONLY SHOW:

- **ALL 3 COLUMNS BELOW IF 3 OR MORE “YESES” IN Q.1**
- **MOST AND 2ND MOST IF 2 “YESES” IN Q.1**

	<u>Most Bothersome</u>	<u>2nd Most Bothersome</u>	<u>3rd Most Bothersome</u>
General Pain			
Gas pain	[] 1	[] 2	[] 3
Abdominal pain	[] 1	[] 2	[] 3
Abdominal discomfort.....	[] 1	[] 2	[] 3
Stomach cramping	[] 1	[] 2	[] 3
Bloating.....	[] 1	[] 2	[] 3
<u>Diarrhea</u>			
Diarrhea.....	[] 1	[] 2	[] 3
Sudden urges to have bowel movements.....	[] 1	[] 2	[] 3
<u>Constipation</u>			
Constipation	[] 1	[] 2	[] 3
Straining when having a bowel movement	[] 1	[] 2	[] 3
Having hard or lumpy stool.....	[] 1	[] 2	[] 3
Having pellet-like stools	[] 1	[] 2	[] 3
The inability to have a bowel movement.....	[] 1	[] 2	[] 3
Rectal pain when having a bowel movement	[] 1	[] 2	[] 3
<i>Satiety</i>			
Feeling full too quickly when eating even a small portion	[] 1	[] 2	[] 3
<u>Other</u>			
Heartburn or Acid reflux	[] 1	[] 2	[] 3
Not completely emptying your rectum or bowels after a bowel movement.....	[] 1	[] 2	[] 3

NEW SCREEN

We are going to ask you about your gastrointestinal symptoms. By this, we mean your (INSERT CONDITION/ ANSWERED YES TO IN S.20) as well as the symptoms you just told us about.

NEW SCREEN

5. About how many days, if any, in a typical month do you miss work or school because of your gastrointestinal symptoms? (ENTER WHOLE NUMBER)

_____ # days in a typical month miss work/school

Do not work or go to school

IF DO NOT WORK OR GO TO SCHOOL SKIP TO Q. 7

NEW SCREEN

6. Other than the days you may have missed work or school completely, in a typical month, how many days, if any, do these symptoms interfere with your productivity (your ability to perform your normal activities) at work or school? (PLEASE ENTER A WHOLE NUMBER BETWEEN 0 AND 30)

_____ # days in a typical month symptoms interfere with productivity

NEW SCREEN

7. Not including activities related to your job or school, about how many days in a typical month do you change your plans because your symptoms make you feel sick? (PLEASE ENTER A WHOLE NUMBER BETWEEN 0 AND 30)

_____ # days in a typical month you change your plans

PROGRAMMING NOTE: ALLOW "0" AS A RESPONSE TO Q.7

NEW SCREEN
(ASK EVERYONE)

8. Currently, how bothersome are your gastrointestinal symptoms? (SELECT ONE)

- Extremely bothersome 5
- Very bothersome..... 4
- Somewhat bothersome 3
- A little bothersome 2
- Not at all bothersome..... 1

NEW SCREEN

9. When your gastrointestinal symptoms are acting up (when your symptoms are bothersome or interfering with your daily activities), how severe would you say they are? (SELECT ONE)

- Extremely severe 5
- Very severe..... 4
- Somewhat severe 3
- A little severe 2
- Not at all severe..... 1

NEW SCREEN

9a. Which, if any, of the following conditions do you believe you suffer from?

	Yes	No	Don't Know / Unsure
Irritable Bowel Syndrome or IBS	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Spastic or Irritable Colon	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Chronic or Continuous Constipation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Dyspepsia	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Acid Reflux Disease or GERD	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

NEW SCREEN

10. Have you ever sought care or information for your gastrointestinal symptoms from any of the following sources? (SELECT ALL THAT APPLY)

	Yes	No
A doctor	<input type="checkbox"/> 1	<input type="checkbox"/> 2
A pharmacist	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Another public information source, such as books, the internet, or newspaper	<input type="checkbox"/> 1	<input type="checkbox"/> 2

NEW SCREEN**ASK Q.10a IF YES TO DOCTOR IN Q.10**

10a. Before you saw your doctor, were you taking non-prescription laxatives or stool softeners for your gastrointestinal symptoms on a regular basis?

Yes	<input type="checkbox"/> 1	
No	<input type="checkbox"/> 2	SKIP TO Q.11a

NEW SCREEN**ASK Q.10b IF YES TO DOCTOR IN Q.10**

10b When you did seek the care of your doctor, which of the following best describes how he/she recommended you treat your gastrointestinal symptoms? (SELECT ALL THAT APPLY.)

	Yes	No
Continue with the non-prescription medicine you started	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Start a new non-prescription medicine	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Start a prescription medicine	<input type="checkbox"/> 1	<input type="checkbox"/> 2
I do not remember what my doctor recommended (PROGRAMMER: SINGLE PUNCH IF YES TO THIS ITEM)	<input type="checkbox"/> 1	<input type="checkbox"/> 2

NEW SCREEN

ASK Q.11a IF YES TO DOCTOR IN Q.10

11a. What types of doctors have you ever seen or spoken to about your gastrointestinal symptoms? (SELECT ALL THAT APPLY)

- Gastroenterologist 1
- Primary Care Physician (PCP) 2
- General/Family Practitioner (GP/FP)..... 3
- Internist (Internal Medicine)..... 4
- Nurse Practitioner/Physician’s Assistant 5
- OB/GYN/Gynecologist (**women only**)..... 6
- Proctologist/Colo-rectal Surgeon..... 7
- Other (Please specify: _____) 8

NEW SCREEN

ASK Q.11b IF YES TO DOCTOR IN Q.10

11b. What types of doctors have you seen or spoken to in the past 12 months about your gastrointestinal symptoms?
(SELECT ALL THAT APPLY)

- Gastroenterologist 1
- Primary Care Physician (PCP) 2
- General/Family Practitioner (GP/FP)..... 3
- Internist (Internal Medicine)..... 4
- Nurse Practitioner/Physician’s Assistant 5
- OB/GYN/Gynecologist (**women only**)..... 6
- Proctologist/Colo-rectal Surgeon..... 7
- Other (Please specify: _____) 8
- Haven’t spoken to a doctor in past 12 months..... 9

NEW SCREEN**ASK Q.11c IF YES TO DOCTOR IN Q.10**

11c. How many doctors, regardless of type, have you ever seen or spoken to in total about your gastrointestinal symptoms?

_____ Total number of doctors

NEW SCREEN**ASK Q. 12 IF YES TO DOCTOR IN Q.10 AND SEEN IN PAST 12 MONTHS IN Q.11b PUNCHES 1-8**

12. How satisfied are you with the overall care you have received from the doctor(s) you have used to treat your gastrointestinal symptoms in the past 12 months?

Extremely satisfied [] 5

Very satisfied [] 4

Somewhat satisfied [] 3

A little satisfied [] 2

Not at all satisfied [] 1

NEW SCREEN**ASK Q.12a IF YES TO PHARMACIST AND/OR OTHER SOURCE IN Q.10; AND NO DOCTOR IN Q.10.**

12a. Have you ever taken non-prescription laxatives or stool softeners for your gastrointestinal symptoms on a regular basis?

Yes [] 1

No [] 2

NEW SCREEN

ASK Q.13 IF YES TO PHYSICIAN IN Q.10

13. Which, if any, of the following gastrointestinal symptoms did you talk to or see a doctor about in the past 12 months?

(SELECT ALL THAT APPLY)

(PROGRAMMER: LIST SYMPTOMS CHECKED IN Q.1)

General Pain

- Gas pain [] 1
- Abdominal pain [] 2
- Abdominal discomfort..... [] 3
- Stomach cramping [] 4
- Bloating..... [] 5

Diarrhea

- Diarrhea [] 6
- Sudden urges to have bowel movements..... [] 7

Constipation

- Constipation..... [] 8
- Straining when having a bowel movement [] 9
- Having hard or lumpy stool..... [] 10
- Having pellet-like stools [] 11
- The inability to have a bowel movement..... [] 12
- Rectal pain when having a bowel movement [] 13

Satiety

- Feeling full too quickly when eating even a small portion [] 14

Other

- Heartburn or Acid reflux [] 15
- Not completely emptying your rectum or bowels after a bowel movement..... [] 16

[] 17

NONE OF THE ABOVE

Talked to/Saw Doctor About

NEW SCREEN
ASK EVERYONE

14. How likely are you to talk to or see a doctor for your gastrointestinal symptoms in the next 12 months?
(SELECT ONE RESPONSE)

- Extremely likely 5
- Very likely 4
- Somewhat likely 3
- A little likely 2
- Not at all likely 1

NEW SCREEN

ASK EVERYONE

15a. What have you done in the past 12 months to manage your gastrointestinal symptoms?

(SELECT ALL THAT APPLY)

NEW SCREEN

ASK Q.15b IF YES TO PHYSICIAN IN Q.10. LIST ONLY THE ITEMS ANSWERED YES TO IN Q.15a.

15b. Which of these actions that you have done in the past 12 months have been recommended by your doctor?

(SELECT ALL THAT APPLY)

	<u>(Q.15a)</u> <u>Past 12 months</u>	<u>(Q.15b)</u> <u>Doctor</u> <u>Recommended</u>
.		
Taking fiber (Metamucil, Citrucel, Fiber Pills, Psyllium, Bran, etc.)	[] 1	[] 1
Taking non-prescription laxatives or stool softeners	[] 2	[] 2
Taking prescription laxatives or stool softeners	[] 3	[] 3
Taking a <u>non</u> -prescription medicine to reduce acid or treat heartburn (Pepcid AC, Tagamet HB, Zantac75, etc.)	[] 4	[] 4
Taking a prescription medicine to reduce acid or treat heartburn (Axid, Pepcid, Tagamet, Zantac, etc.)	[] 5	[] 5
Taking a more potent non-prescription medicine to reduce acid or treat heartburn (Prilosec or Prevacid 24)	[] 6	[] 6
Taking a more potent prescription medicine to reduce acid or treat heartburn (AcipHex, Nexium, Prevacid, generic omeprazole. etc.)	[] 7	[] 7
Taking other prescription medication(s) (Please Specify: _____)	[] 8	[] 8
Taking <u>other</u> non-prescription medication(s) (Please Specify: _____)	[] 9	[] 9
Controlling your diet	[] 10	[] 10
Exercise	[] 11	[] 11
Using relaxation techniques or stress management	[] 12	[] 12
Using natural remedies like acupuncture, herbs, vitamins, homeopathy, etc.	[] 13	[] 13
Nothing	[] 16	[] 16

NEW SCREEN

ASK Q.15c IF YES TO ANY OF “1” TO “9” IN Q.15a. LIST ONLY THE ITEMS ANSWERED YES TO IN Q.15a.

15c. What are you currently doing to manage your gastrointestinal symptoms?

	<u>Taking Every Day</u>	<u>Taking a Couple of Times a Week</u>	<u>Taking a Couple of Times a Month</u>	<u>Taking Less Than Once a Month</u>	<u>Not Currently Taking</u>
Fiber (Metamucil, Citrucel, Fiber Pills, Psyllium, Bran, etc.)	[] 1	[] 2	[] 3	[] 4	[] 5
Non-prescription laxatives or stool softeners	[] 1	[] 2	[] 3	[] 4	[] 5
Prescription laxatives or stool softeners	[] 1	[] 2	[] 3	[] 4	[] 5
Non-prescription medicine to reduce acid or treat heartburn (Pepcid AC, Tagamet HB, Zantac75, etc.)	[] 1	[] 2	[] 3	[] 4	[] 5
Prescription medicine to reduce acid or treat heartburn (Axid, Pepcid, Tagamet, Zantac, etc.)	[] 1	[] 2	[] 3	[] 4	[] 5
More potent non-prescription medicine to reduce acid or treat heartburn (Prilosec or Prevacid 24).....	[] 1	[] 2	[] 3	[] 4	[] 5
More potent prescription medicine to reduce acid or treat heartburn (AcipHex, Nexium, Prevacid, generic omeprazole. etc.)	[] 1	[] 2	[] 3	[] 4	[] 5
Other prescription medication(s) (Please Specify: _____).	[] 1	[] 2	[] 3	[] 4	[] 5
Other non-prescription medication(s) (Please Specify: _____)	[] 1	[] 2	[] 3	[] 4	[] 5

NEW SCREEN

16. Overall, how effective are ALL of these treatments in alleviating gastrointestinal symptoms? (SELECT ONE RESPONSE)

- Extremely effective 5
- Very effective 4
- Somewhat effective 3
- A little effective 2
- Not at all effective 1

NEW SCREEN

17. Overall, how satisfied are you with ALL of these treatments? (SELECT ONE RESPONSE)

- Extremely satisfied 5
- Very satisfied 4
- Somewhat satisfied 3
- A little satisfied 2
- Not at all satisfied 1

NEW SCREEN

18. How satisfied are you with each of these ways you managed your gastrointestinal symptoms in the past 12 months? (SELECT ONE FOR EACH TREATMENT)
(LIST ONLY THE ITEMS SELECTED IN Q.15a)

	<u>Extremely Satisfied</u>	<u>Very Satisfied</u>	<u>Somewhat Satisfied</u>	<u>A Little Satisfied</u>	<u>Not At All Satisfied</u>
Fiber (Metamucil, Citrucel, Fiber Pills, Psyllium, Bran, etc.)	[] 5	[] 4	[] 3	[] 2	[] 1
Non-prescription laxatives or stool softeners	[] 5	[] 4	[] 3	[] 2	[] 1
Prescription laxatives or stool softeners	[] 5	[] 4	[] 3	[] 2	[] 1
Non-prescription medicine to reduce acid or treat heartburn (Pepcid AC, Tagamet HB, Zantac75, etc.)	[] 5	[] 4	[] 3	[] 2	[] 1
Prescription medicine to reduce acid or treat heartburn (Axid, Pepcid, Tagamet, Zantac, etc.)	[] 5	[] 4	[] 3	[] 2	[] 1
More potent non-prescription medicine to reduce acid or treat heartburn (Prilosec or Prevacid 24).....	[] 5	[] 4	[] 3	[] 2	[] 1
More potent prescription medicine to reduce acid or treat heartburn (AcipHex, Nexium, Prevacid, generic omeprazole. etc.)	[] 5	[] 4	[] 3	[] 2	[] 1
Other prescription medication(s) (Please Specify: _____)	[] 5	[] 4	[] 3	[] 2	[] 1
Other non-prescription medication(s) (Please Specify: _____)	[] 5	[] 4	[] 3	[] 2	[] 1

NEW SCREEN

The following questions are for classification purposes only.

**NEW SCREEN
(ASK EVERYONE)**

A. Which of the following comes closest to your total family income before taxes last year? (SELECT ONE)

- Under \$10,000 [] 1
- \$10,000 to under \$20,000 [] 2
- \$20,000 to under \$35,000 [] 3
- \$35,000 to under \$50,000 [] 4
- \$50,000 to under \$75,000 [] 5
- \$75,000 to under \$100,000 [] 6
- \$100,000 to under \$150,000 [] 7
- \$150,000 or more [] 8

NEW SCREEN

B. Which of the following best describes you? (PLEASE SELECT ONE RESPONSE)

- White [] 1
- Black/African-American [] 2
- Asian/Pacific Islander [] 3
- Native American [] 4
- Other (PLEASE SPECIFY :) _____ [] 5

NEW SCREEN

C. Are you, or any members of your household of Spanish or Hispanic descent?

- Yes [] 1
- No [] 2

