

Thank you for taking part in our National Health Survey.

On the next screen, you will see the consent form, and then we will ask you questions so that we can learn more about you and your health. The survey should take about 10 to 20 minutes.

Let's get started!

* Below is a list of gastrointestinal symptoms. Please select any symptom(s) that you have ever experienced in the past. Select all that apply.

- ☐ Abdominal or belly pain
- ☐ Difficulty swallowing
- ☐ Bowel incontinence (have an accident or soil underclothes)
- ☐ Heartburn, acid reflux, or gastroesophageal reflux
- ☐ Bloating or swelling in your belly
- ☐ Diarrhea (loose, watery, or frequent stools)
- ☐ Constipation (hard, lumpy, or infrequent stools; straining)
- ☐ Nausea or vomiting
- ☐ I have not experienced any of these symptoms

* In the last 3 months, how often did you have pain anywhere in your abdomen?

- ☐ Never
- ☐ Less than one day a month
- ☐ One day a month
- ☐ Two to three days a month
- ☐ Once a week
- ☐ Two to three days a week
- ☐ Most days
- ☐ Every day
- ☐ Multiple times per day or all the time

* How often did this pain in your abdomen happen close in time to a bowel movement – just before, during, or soon after? (Percent of times with pain)

- ☐ 0%, or "Never"
- ☐ 10%
- ☐ 20%
- ☐ 30%
- ☐ 40%
- ☐ 50%
- ☐ 60%
- ☐ 70%
- ☐ 80%
- ☐ 90%
- ☐ 100%, or "Always"

* How often did your stools become either softer than usual or harder than usual when you had this pain?
(Percent of times with pain)

- ☐ 0%, or "Never"
- ☐ 10%
- ☐ 20%
- ☐ 30%
- ☐ 40%
- ☐ 50%
- ☐ 60%
- ☐ 70%
- ☐ 80%
- ☐ 90%
- ☐ 100%, or "Always"

* How often did your stools become either more frequent than usual or less frequent than usual when you had this pain? (Percent of times with pain)

- ☐ 0%, or "Never"
- ☐ 10%
- ☐ 20%
- ☐ 30%
- ☐ 40%
- ☐ 50%
- ☐ 60%
- ☐ 70%
- ☐ 80%
- ☐ 90%
- ☐ 100%, or "Always"








* Has it been 6 months or longer since you started having this pain?

☐ No

☐ Yes

* 1. In the last 3 months, how often did you have hard or lumpy stools that looked like Type 1 or 2 in the picture below? (Percent of all bowel movements)

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

- ☐ 0%, or "Never"
- ☐ 10%
- ☐ 20%
- ☐ 30%
- ☐ 40%
- ☐ 50%
- ☐ 60%
- ☐ 70%
- ☐ 80%
- ☐ 90%
- ☐ 100%, or "Always"

* 2. Did you have hard or lumpy stools (like Type 1 or 2) when you were not taking drugs for diarrhea?

- ☐ No, or rarely
- ☐ Yes

* 3. In the last 3 months, how often did you have fewer than three bowel movements a week without taking a laxative medication or enema? (Percent of weeks)

- ☐ 0%, or "Never"
- ☐ 10%
- ☐ 20%
- ☐ 30%
- ☐ 40%
- ☐ 50%
- ☐ 60%
- ☐ 70%
- ☐ 80%
- ☐ 90%
- ☐ 100%, or "Always"

* 4. In the last 3 months, how often did you strain during bowel movements? (Percent of bowel movements)

- ☐ 0%, or "Never"
- ☐ 10%
- ☐ 20%
- ☐ 30%
- ☐ 40%
- ☐ 50%
- ☐ 60%
- ☐ 70%
- ☐ 80%
- ☐ 90%
- ☐ 100%, or "Always"

* 5. In the last 3 months, how often did you have a feeling of incomplete emptying after bowel movements?
(Percent of bowel movements)

- ☐ 0%, or "Never"
- ☐ 10%
- ☐ 20%
- ☐ 30%
- ☐ 40%
- ☐ 50%
- ☐ 60%
- ☐ 70%
- ☐ 80%
- ☐ 90%
- ☐ 100%, or "Always"

* 6. In the last 3 months, how often did you have a sensation that the stool could not be passed (was blocked), when having a bowel movement? (Percent of bowel movements)

- ☐ 0%, or "Never"
- ☐ 10%
- ☐ 20%
- ☐ 30%
- ☐ 40%
- ☐ 50%
- ☐ 60%
- ☐ 70%
- ☐ 80%
- ☐ 90%
- ☐ 100%, or "Always"

* 7. In the last 3 months, how often did you press on or around your bottom, or remove stool with your fingers, in order to have a bowel movement? (Percent of bowel movements)

- ☐ 0%, or "Never"
- ☐ 10%
- ☐ 20%
- ☐ 30%
- ☐ 40%
- ☐ 50%
- ☐ 60%
- ☐ 70%
- ☐ 80%
- ☐ 90%
- ☐ 100%, or "Always"

* 8. Did any of the symptoms of constipation listed in questions 1-7 above begin more than 6 months ago?

- ☐ No
- ☐ Yes

* Are you currently taking a prescription medication for pain?

☐ No

☐ Yes








* Have any of the constipation symptoms that we have mentioned so far changed since you started taking prescription medication for pain?

☐ No

☐ Yes

* In the last 3 months, how often did you have mushy or watery stools that looked like Type 6 or 7 in the picture below when you were not using drugs or other treatment for constipation? (Percent of all bowel movements)

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

- ☐ 0%, or "Never"
- ☐ 10%
- ☐ 20%
- ☐ 30%
- ☐ 40%
- ☐ 50%
- ☐ 60%
- ☐ 70%
- ☐ 80%
- ☐ 90%
- ☐ 100%, or "Always"

* Did you have mushy and watery stools (like Type 6 or 7) when you were not using drugs or other treatment for constipation?

☐ No, or rarely

☐ Yes

Congratulations, you qualified for our survey!

Click the Next button to continue.

You mentioned that you had previously experienced constipation. Approximately how long ago did you first start having constipation?

Year(s) ago

Month(s) ago

.	<input type="text"/>	<input type="text"/>
---	----------------------	----------------------

* In the past 7 days, how often did you pass very hard or lumpy stools?

- ☐ Never
- ☐ One day
- ☐ 2-6 days
- ☐ Once a day
- ☐ More than once a day

* In the past 7 days, how much did hard or lumpy stools bother you?

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much

* In the past 7 days, how often did you strain while trying to have bowel movements?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

* In the past 7 days, how much did you usually strain while trying to have a bowel movement?

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much

* In the past 7 days, how much did straining during bowel movements bother you?

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much

* In the past 7 days, how often did you feel pain in your rectum or anus while trying to have bowel movements?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

* In the past 7 days, at its worst, how would you rate the pain in your rectum or anus during bowel movements?

- ☐ Not bad at all
- ☐ A little bad
- ☐ Somewhat bad
- ☐ Quite bad
- ☐ Very bad

* In the past 7 days, how often after a bowel movement did you feel unfinished—that is, that you had not passed all your stool?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

* In the past 7 days, how often did you use your finger or toilet paper to get out a stool?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

* Please respond to the following question by marking one box.

1 (Not at all)

2

3

4

5 (Very much)

To what extent do you
consider constipation to
be a severe health
problem?

☐☐☐☐☐

* Please rate how much you agree or disagree with the following statements.

	1 (Disagree)	2	3	4	5 (Agree)
Avoiding constipation complications is largely a matter of good fortune.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No matter what I do, I'll probably develop constipation complications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If it's meant to be, my constipation won't get too bad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When my constipation gets bad, it's usually unavoidable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No matter what I do, my constipation is likely to get bad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most things that affect my constipation are usually unavoidable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* In your own words, what do you think is the cause(s) of your constipation?

* Is there a place that you usually go to when you are sick or need advice about your health?

☐ Yes

☐ No

* What kind of place do you go to most often when you are sick or need advice about your health?

- ☐ Doctor's office, Kaiser, or other HMO
- ☐ Clinic, health center, or hospital clinic
- ☐ Emergency room
- ☐ No one place
- ☐ I don't know
- ☐ Other place (please specify)

* Have you ever discussed your constipation with a healthcare provider?

☐ Yes

☐ No

* With whom did you discuss your constipation? Select all that apply.

- ☐ Primary care physician
- ☐ Gastroenterologist
- ☐ Urgent care or emergency room physician
- ☐ Nurse practitioner or physician assistant
- ☐ Other healthcare provider (please specify)

* Have you ever had any of the following tests to evaluate your constipation? Select all that apply.

- ☐ Colonoscopy
- ☐ Flexible sigmoidoscopy
- ☐ Barium enema
- ☐ Defecogram
- ☐ MRI defecography
- ☐ Anorectal manometry
- ☐ Sitz marker study
- ☐ SmartPill
- ☐ I have not had any of these tests
- ☐ I don't know
- ☐ Other test (please specify)

* Select all treatments that you are currently using for your constipation.

☐ Fiber supplements (e.g., Metamucil®, Benefiber®, Citrucel®)

☐ Docusate (e.g., Colace®, DulcoEase®)

☐ Senna (Senokot®, ex-lax®)

☐ Bisacodyl (Dulcolax®)

☐ Polyethylene glycol 3350 (Miralax®)

☐ Lactulose (e.g., Enulose®, Constulose®)

☐ Magnesium (e.g., Milk of Magnesia®, Mag Citrate®)

☐ Lubiprostone (Amitiza®)

☐ Linacotide (Linzess®)

☐ Plecanatide (Trulance®)

☐ I am not currently taking any treatments for my constipation

☐ I don't know

☐ Other treatment (please specify)

* For each treatment that you are currently taking, who recommended that you use it to treat your constipation? Select all that apply.

[illegible]

Please take some time to think about your level of satisfaction or dissatisfaction with your fiber supplement (e.g., Metamucil®, Benefiber®, Citrucel®). We are interested in your evaluation of the effectiveness, side effects, and convenience of the medication *over the last two to three weeks, or since you last used it*. For each question, please place a single check mark next to the response that most closely corresponds to your own experiences.

* How satisfied or dissatisfied are you with the ability of the fiber supplement to prevent or treat your symptoms?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How satisfied or dissatisfied are you with the way the fiber supplement relieves your symptoms?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How long does it normally take for the fiber supplement to start working?

- ☐ Less than 12 hours
- ☐ 12 hours to 24 hours
- ☐ 1 to 2 days
- ☐ 2 to 3 days
- ☐ More than 3 days

* How satisfied or dissatisfied are you with the amount of time it takes the fiber supplement to start working?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How easy or difficult is it to use the fiber supplement in its current form?

- ☐ Extremely difficult
- ☐ Very difficult
- ☐ Difficult
- ☐ Somewhat easy
- ☐ Easy
- ☐ Very easy
- ☐ Extremely easy

* How easy or difficult is it to plan when you will use the fiber supplement each time?

- ☐ Extremely difficult
- ☐ Very difficult
- ☐ Difficult
- ☐ Somewhat easy
- ☐ Easy
- ☐ Very easy
- ☐ Extremely easy

* How convenient or inconvenient is it to take the fiber supplement as instructed?

- ☐ Extremely inconvenient
- ☐ Very inconvenient
- ☐ Inconvenient
- ☐ Somewhat convenient
- ☐ Convenient
- ☐ Very convenient
- ☐ Extremely convenient

* Overall, how confident are you that taking this fiber supplement is a good thing for you?

- ☐ Not at all confident
- ☐ A little confident
- ☐ Somewhat confident
- ☐ Very confident
- ☐ Extremely confident

* How certain are you that the good things about your fiber supplement outweigh the bad things?

- ☐ Not at all certain
- ☐ A little certain
- ☐ Somewhat certain
- ☐ Very certain
- ☐ Extremely certain

* Taking all things into account, how satisfied or dissatisfied are you with this fiber supplement?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

How long have you been taking your fiber supplement?

Year(s)

Month(s)

.	<input type="text"/>	<input type="text"/>
---	----------------------	----------------------

Copyright 2017 IQVIA. All rights reserved.

Please take some time to think about your level of satisfaction or dissatisfaction with your docusate (e.g., Colace®, DulcoEase®). We are interested in your evaluation of the effectiveness, side effects, and convenience of the medication *over the last two to three weeks, or since you last used it*. For each question, please place a single check mark next to the response that most closely corresponds to your own experiences.

* How satisfied or dissatisfied are you with the ability of docusate to prevent or treat your symptoms?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How satisfied or dissatisfied are you with the way docusate relieves your symptoms?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How long does it normally take for docusate to start working?

- ☐ Less than 12 hours
- ☐ 12 hours to 24 hours
- ☐ 1 to 2 days
- ☐ 2 to 3 days
- ☐ More than 3 days

* How satisfied or dissatisfied are you with the amount of time it takes docusate to start working?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How easy or difficult is it to use docusate in its current form?

- ☐ Extremely difficult
- ☐ Very difficult
- ☐ Difficult
- ☐ Somewhat easy
- ☐ Easy
- ☐ Very easy
- ☐ Extremely easy

* How easy or difficult is it to plan when you will use docusate each time?

- ☐ Extremely difficult
- ☐ Very difficult
- ☐ Difficult
- ☐ Somewhat easy
- ☐ Easy
- ☐ Very easy
- ☐ Extremely easy

* How convenient or inconvenient is it to take docusate as instructed?

- ☐ Extremely inconvenient
- ☐ Very inconvenient
- ☐ Inconvenient
- ☐ Somewhat convenient
- ☐ Convenient
- ☐ Very convenient
- ☐ Extremely convenient

* Overall, how confident are you that taking docusate is a good thing for you?

- ☐ Not at all confident
- ☐ A little confident
- ☐ Somewhat confident
- ☐ Very confident
- ☐ Extremely confident

* How certain are you that the good things about your docusate outweigh the bad things?

- ☐ Not at all certain
- ☐ A little certain
- ☐ Somewhat certain
- ☐ Very certain
- ☐ Extremely certain

* Taking all things into account, how satisfied or dissatisfied are you with docusate?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

How long have you been taking your docusate?

Year(s)

Month(s)

.	<input type="text"/>	<input type="text"/>
---	----------------------	----------------------

Copyright 2017 IQVIA. All rights reserved.

Please take some time to think about your level of satisfaction or dissatisfaction with your senna (e.g., Senokot®, ex-lax®). We are interested in your evaluation of the effectiveness, side effects, and convenience of the medication *over the last two to three weeks, or since you last used it*. For each question, please place a single check mark next to the response that most closely corresponds to your own experiences.

* How satisfied or dissatisfied are you with the ability of senna to prevent or treat your symptoms?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How satisfied or dissatisfied are you with the way senna relieves your symptoms?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How long does it normally take for senna to start working?

- ☐ Less than 12 hours
- ☐ 12 hours to 24 hours
- ☐ 1 to 2 days
- ☐ 2 to 3 days
- ☐ More than 3 days

* How satisfied or dissatisfied are you with the amount of time it takes senna to start working?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How easy or difficult is it to use senna in its current form?

- ☐ Extremely difficult
- ☐ Very difficult
- ☐ Difficult
- ☐ Somewhat easy
- ☐ Easy
- ☐ Very easy
- ☐ Extremely easy

* How easy or difficult is it to plan when you will use senna each time?

- ☐ Extremely difficult
- ☐ Very difficult
- ☐ Difficult
- ☐ Somewhat easy
- ☐ Easy
- ☐ Very easy
- ☐ Extremely easy

* How convenient or inconvenient is it to take senna as instructed?

- ☐ Extremely inconvenient
- ☐ Very inconvenient
- ☐ Inconvenient
- ☐ Somewhat convenient
- ☐ Convenient
- ☐ Very convenient
- ☐ Extremely convenient

* Overall, how confident are you that taking senna is a good thing for you?

- ☐ Not at all confident
- ☐ A little confident
- ☐ Somewhat confident
- ☐ Very confident
- ☐ Extremely confident

* How certain are you that the good things about your senna outweigh the bad things?

- ☐ Not at all certain
- ☐ A little certain
- ☐ Somewhat certain
- ☐ Very certain
- ☐ Extremely certain

* Taking all things into account, how satisfied or dissatisfied are you with senna?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

How long have you been taking your senna?

Year(s)

Month(s)

.	<input type="text"/>	<input type="text"/>
---	----------------------	----------------------

Copyright 2017 IQVIA. All rights reserved.

Please take some time to think about your level of satisfaction or dissatisfaction with your bisacodyl (Dulcolax®). We are interested in your evaluation of the effectiveness, side effects, and convenience of the medication *over the last two to three weeks, or since you last used it*. For each question, please place a single check mark next to the response that most closely corresponds to your own experiences.

* How satisfied or dissatisfied are you with the ability of bisacodyl to prevent or treat your symptoms?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How satisfied or dissatisfied are you with the way bisacodyl relieves your symptoms?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How long does it normally take for bisacodyl to start working?

- ☐ Less than 12 hours
- ☐ 12 hours to 24 hours
- ☐ 1 to 2 days
- ☐ 2 to 3 days
- ☐ More than 3 days

* How satisfied or dissatisfied are you with the amount of time it takes bisacodyl to start working?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How easy or difficult is it to use bisacodyl in its current form?

- ☐ Extremely difficult
- ☐ Very difficult
- ☐ Difficult
- ☐ Somewhat easy
- ☐ Easy
- ☐ Very easy
- ☐ Extremely easy

* How easy or difficult is it to plan when you will use bisacodyl each time?

- ☐ Extremely difficult
- ☐ Very difficult
- ☐ Difficult
- ☐ Somewhat easy
- ☐ Easy
- ☐ Very easy
- ☐ Extremely easy

* How convenient or inconvenient is it to take bisacodyl as instructed?

- ☐ Extremely inconvenient
- ☐ Very inconvenient
- ☐ Inconvenient
- ☐ Somewhat convenient
- ☐ Convenient
- ☐ Very convenient
- ☐ Extremely convenient

* Overall, how confident are you that taking bisacodyl is a good thing for you?

- ☐ Not at all confident
- ☐ A little confident
- ☐ Somewhat confident
- ☐ Very confident
- ☐ Extremely confident

* How certain are you that the good things about your bisacodyl outweigh the bad things?

- ☐ Not at all certain
- ☐ A little certain
- ☐ Somewhat certain
- ☐ Very certain
- ☐ Extremely certain

* Taking all things into account, how satisfied or dissatisfied are you with bisacodyl?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

How long have you been taking your bisacodyl?

Year(s)

Month(s)

.	<input type="text"/>	<input type="text"/>
---	----------------------	----------------------

Copyright 2017 IQVIA. All rights reserved.

Please take some time to think about your level of satisfaction or dissatisfaction with your polyethylene glycol 3350 (Miralax®). We are interested in your evaluation of the effectiveness, side effects, and convenience of the medication *over the last two to three weeks, or since you last used it*. For each question, please place a single check mark next to the response that most closely corresponds to your own experiences.

* How satisfied or dissatisfied are you with the ability of polyethylene glycol 3350 to prevent or treat your symptoms?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How satisfied or dissatisfied are you with the way polyethylene glycol 3350 relieves your symptoms?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How long does it normally take for polyethylene glycol 3350 to start working?

- ☐ Less than 12 hours
- ☐ 12 hours to 24 hours
- ☐ 1 to 2 days
- ☐ 2 to 3 days
- ☐ More than 3 days

* How satisfied or dissatisfied are you with the amount of time it takes polyethylene glycol 3350 to start working?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How easy or difficult is it to use polyethylene glycol 3350 in its current form?

- ☐ Extremely difficult
- ☐ Very difficult
- ☐ Difficult
- ☐ Somewhat easy
- ☐ Easy
- ☐ Very easy
- ☐ Extremely easy

* How easy or difficult is it to plan when you will use polyethylene glycol 3350 each time?

- ☐ Extremely difficult
- ☐ Very difficult
- ☐ Difficult
- ☐ Somewhat easy
- ☐ Easy
- ☐ Very easy
- ☐ Extremely easy

* How convenient or inconvenient is it to take polyethylene glycol 3350 as instructed?

- ☐ Extremely inconvenient
- ☐ Very inconvenient
- ☐ Inconvenient
- ☐ Somewhat convenient
- ☐ Convenient
- ☐ Very convenient
- ☐ Extremely convenient

* Overall, how confident are you that taking polyethylene glycol 3350 is a good thing for you?

- ☐ Not at all confident
- ☐ A little confident
- ☐ Somewhat confident
- ☐ Very confident
- ☐ Extremely confident

* How certain are you that the good things about your polyethylene glycol 3350 outweigh the bad things?

- ☐ Not at all certain
- ☐ A little certain
- ☐ Somewhat certain
- ☐ Very certain
- ☐ Extremely certain

* Taking all things into account, how satisfied or dissatisfied are you with polyethylene glycol 3350?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

How long have you been taking your polyethylene glycol 3350?

Year(s)	Month(s)
<div>.</div> <div></div>	<div></div> <div></div>

Copyright 2017 IQVIA. All rights reserved.

Please take some time to think about your level of satisfaction or dissatisfaction with your lactulose (e.g., Enulose®, Constulose®). We are interested in your evaluation of the effectiveness, side effects, and convenience of the medication *over the last two to three weeks, or since you last used it*. For each question, please place a single check mark next to the response that most closely corresponds to your own experiences.

* How satisfied or dissatisfied are you with the ability of lactulose to prevent or treat your symptoms?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How satisfied or dissatisfied are you with the way lactulose relieves your symptoms?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How long does it normally take for lactulose to start working?

- ☐ Less than 12 hours
- ☐ 12 hours to 24 hours
- ☐ 1 to 2 days
- ☐ 2 to 3 days
- ☐ More than 3 days

* How satisfied or dissatisfied are you with the amount of time it takes lactulose to start working?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How easy or difficult is it to use lactulose in its current form?

- ☐ Extremely difficult
- ☐ Very difficult
- ☐ Difficult
- ☐ Somewhat easy
- ☐ Easy
- ☐ Very easy
- ☐ Extremely easy

* How easy or difficult is it to plan when you will use lactulose each time?

- ☐ Extremely difficult
- ☐ Very difficult
- ☐ Difficult
- ☐ Somewhat easy
- ☐ Easy
- ☐ Very easy
- ☐ Extremely easy

* How convenient or inconvenient is it to take lactulose as instructed?

- ☐ Extremely inconvenient
- ☐ Very inconvenient
- ☐ Inconvenient
- ☐ Somewhat convenient
- ☐ Convenient
- ☐ Very convenient
- ☐ Extremely convenient

* Overall, how confident are you that taking lactulose is a good thing for you?

- ☐ Not at all confident
- ☐ A little confident
- ☐ Somewhat confident
- ☐ Very confident
- ☐ Extremely confident

* How certain are you that the good things about your lactulose outweigh the bad things?

- ☐ Not at all certain
- ☐ A little certain
- ☐ Somewhat certain
- ☐ Very certain
- ☐ Extremely certain

* Taking all things into account, how satisfied or dissatisfied are you with lactulose?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

How long have you been taking your lactulose?

Year(s)

Month(s)

.	<input type="text"/>	<input type="text"/>
---	----------------------	----------------------

Copyright 2017 IQVIA. All rights reserved.

Please take some time to think about your level of satisfaction or dissatisfaction with your magnesium (e.g., Milk of Magnesia®, Mag Citrate®). We are interested in your evaluation of the effectiveness, side effects, and convenience of the medication *over the last two to three weeks, or since you last used it*. For each question, please place a single check mark next to the response that most closely corresponds to your own experiences.

*** How satisfied or dissatisfied are you with the ability of magnesium to prevent or treat your symptoms?**

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

*** How satisfied or dissatisfied are you with the way magnesium relieves your symptoms?**

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How long does it normally take for magnesium to start working?

- ☐ Less than 12 hours
- ☐ 12 hours to 24 hours
- ☐ 1 to 2 days
- ☐ 2 to 3 days
- ☐ More than 3 days

* How satisfied or dissatisfied are you with the amount of time it takes magnesium to start working?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How easy or difficult is it to use magnesium in its current form?

- ☐ Extremely difficult
- ☐ Very difficult
- ☐ Difficult
- ☐ Somewhat easy
- ☐ Easy
- ☐ Very easy
- ☐ Extremely easy

* How easy or difficult is it to plan when you will use magnesium each time?

- ☐ Extremely difficult
- ☐ Very difficult
- ☐ Difficult
- ☐ Somewhat easy
- ☐ Easy
- ☐ Very easy
- ☐ Extremely easy

* How convenient or inconvenient is it to take magnesium as instructed?

- ☐ Extremely inconvenient
- ☐ Very inconvenient
- ☐ Inconvenient
- ☐ Somewhat convenient
- ☐ Convenient
- ☐ Very convenient
- ☐ Extremely convenient

* Overall, how confident are you that taking magnesium is a good thing for you?

- ☐ Not at all confident
- ☐ A little confident
- ☐ Somewhat confident
- ☐ Very confident
- ☐ Extremely confident

* How certain are you that the good things about your magnesium outweigh the bad things?

- ☐ Not at all certain
- ☐ A little certain
- ☐ Somewhat certain
- ☐ Very certain
- ☐ Extremely certain

* Taking all things into account, how satisfied or dissatisfied are you with magnesium?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

How long have you been taking your magnesium?

Year(s)

Month(s)

.	<input type="text"/>	<input type="text"/>
---	----------------------	----------------------

Copyright 2017 IQVIA. All rights reserved.

Please take some time to think about your level of satisfaction or dissatisfaction with your lubiprostone (Amitiza®). We are interested in your evaluation of the effectiveness, side effects, and convenience of the medication *over the last two to three weeks, or since you last used it*. For each question, please place a single check mark next to the response that most closely corresponds to your own experiences.

* How satisfied or dissatisfied are you with the ability of lubiprostone to prevent or treat your symptoms?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How satisfied or dissatisfied are you with the way lubiprostone relieves your symptoms?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How long does it normally take for lubiprostone to start working?

- ☐ Less than 12 hours
- ☐ 12 hours to 24 hours
- ☐ 1 to 2 days
- ☐ 2 to 3 days
- ☐ More than 3 days

* How satisfied or dissatisfied are you with the amount of time it takes lubiprostone to start working?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How easy or difficult is it to use lubiprostone in its current form?

- ☐ Extremely difficult
- ☐ Very difficult
- ☐ Difficult
- ☐ Somewhat easy
- ☐ Easy
- ☐ Very easy
- ☐ Extremely easy

* How easy or difficult is it to plan when you will use lubiprostone each time?

- ☐ Extremely difficult
- ☐ Very difficult
- ☐ Difficult
- ☐ Somewhat easy
- ☐ Easy
- ☐ Very easy
- ☐ Extremely easy

* How convenient or inconvenient is it to take lubiprostone as instructed?

- ☐ Extremely inconvenient
- ☐ Very inconvenient
- ☐ Inconvenient
- ☐ Somewhat convenient
- ☐ Convenient
- ☐ Very convenient
- ☐ Extremely convenient

* Overall, how confident are you that taking lubiprostone is a good thing for you?

- ☐ Not at all confident
- ☐ A little confident
- ☐ Somewhat confident
- ☐ Very confident
- ☐ Extremely confident

* How certain are you that the good things about your lubiprostone outweigh the bad things?

- ☐ Not at all certain
- ☐ A little certain
- ☐ Somewhat certain
- ☐ Very certain
- ☐ Extremely certain

* Taking all things into account, how satisfied or dissatisfied are you with lubiprostone?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

How long have you been taking your lubiprostone?

Year(s)

Month(s)

.	<input type="text"/>	<input type="text"/>
---	----------------------	----------------------

Copyright 2017 IQVIA. All rights reserved.

Please take some time to think about your level of satisfaction or dissatisfaction with your linaclotide (Linzess®). We are interested in your evaluation of the effectiveness, side effects, and convenience of the medication *over the last two to three weeks, or since you last used it*. For each question, please place a single check mark next to the response that most closely corresponds to your own experiences.

* How satisfied or dissatisfied are you with the ability of linaclotide to prevent or treat your symptoms?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How satisfied or dissatisfied are you with the way linaclotide relieves your symptoms?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How long does it normally take for linaclotide to start working?

- ☐ Less than 12 hours
- ☐ 12 hours to 24 hours
- ☐ 1 to 2 days
- ☐ 2 to 3 days
- ☐ More than 3 days

* How satisfied or dissatisfied are you with the amount of time it takes linaclotide to start working?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How easy or difficult is it to use linaclotide in its current form?

- ☐ Extremely difficult
- ☐ Very difficult
- ☐ Difficult
- ☐ Somewhat easy
- ☐ Easy
- ☐ Very easy
- ☐ Extremely easy

* How easy or difficult is it to plan when you will use linaclotide each time?

- ☐ Extremely difficult
- ☐ Very difficult
- ☐ Difficult
- ☐ Somewhat easy
- ☐ Easy
- ☐ Very easy
- ☐ Extremely easy

* How convenient or inconvenient is it to take linaclotide as instructed?

- ☐ Extremely inconvenient
- ☐ Very inconvenient
- ☐ Inconvenient
- ☐ Somewhat convenient
- ☐ Convenient
- ☐ Very convenient
- ☐ Extremely convenient

* Overall, how confident are you that taking linaclotide is a good thing for you?

- ☐ Not at all confident
- ☐ A little confident
- ☐ Somewhat confident
- ☐ Very confident
- ☐ Extremely confident

* How certain are you that the good things about your linaclotide outweigh the bad things?

- ☐ Not at all certain
- ☐ A little certain
- ☐ Somewhat certain
- ☐ Very certain
- ☐ Extremely certain

* Taking all things into account, how satisfied or dissatisfied are you with linaclotide?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

How long have you been taking your linaclotide?

Year(s)

Month(s)

.	<input type="text"/>	<input type="text"/>
---	----------------------	----------------------

Copyright 2017 IQVIA. All rights reserved.

Please take some time to think about your level of satisfaction or dissatisfaction with your plecanatide (Trulance®). We are interested in your evaluation of the effectiveness, side effects, and convenience of the medication *over the last two to three weeks, or since you last used it*. For each question, please place a single check mark next to the response that most closely corresponds to your own experiences.

* How satisfied or dissatisfied are you with the ability of plecanatide to prevent or treat your symptoms?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How satisfied or dissatisfied are you with the way plecanatide relieves your symptoms?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How long does it normally take for plecanatide to start working?

- ☐ Less than 12 hours
- ☐ 12 hours to 24 hours
- ☐ 1 to 2 days
- ☐ 2 to 3 days
- ☐ More than 3 days

* How satisfied or dissatisfied are you with the amount of time it takes plecanatide to start working?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How easy or difficult is it to use plecanatide in its current form?

- ☐ Extremely difficult
- ☐ Very difficult
- ☐ Difficult
- ☐ Somewhat easy
- ☐ Easy
- ☐ Very easy
- ☐ Extremely easy

* How easy or difficult is it to plan when you will use plecanatide each time?

- ☐ Extremely difficult
- ☐ Very difficult
- ☐ Difficult
- ☐ Somewhat easy
- ☐ Easy
- ☐ Very easy
- ☐ Extremely easy

* How convenient or inconvenient is it to take plecanatide as instructed?

- ☐ Extremely inconvenient
- ☐ Very inconvenient
- ☐ Inconvenient
- ☐ Somewhat convenient
- ☐ Convenient
- ☐ Very convenient
- ☐ Extremely convenient

* Overall, how confident are you that taking plecanatide is a good thing for you?

- ☐ Not at all confident
- ☐ A little confident
- ☐ Somewhat confident
- ☐ Very confident
- ☐ Extremely confident

* How certain are you that the good things about your plecanatide outweigh the bad things?

- ☐ Not at all certain
- ☐ A little certain
- ☐ Somewhat certain
- ☐ Very certain
- ☐ Extremely certain

* Taking all things into account, how satisfied or dissatisfied are you with plecanatide?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

How long have you been taking your plecanatide?

Year(s)

Month(s)

.	<input type="text"/>	<input type="text"/>
---	----------------------	----------------------

Copyright 2017 IQVIA. All rights reserved.

Please take some time to think about your level of satisfaction or dissatisfaction with your unlisted medication. We are interested in your evaluation of the effectiveness, side effects, and convenience of the medication *over the last two to three weeks, or since you last used it*. For each question, please place a single check mark next to the response that most closely corresponds to your own experiences.

* How satisfied or dissatisfied are you with the ability of the medication to prevent or treat your symptoms?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How satisfied or dissatisfied are you with the way the medication relieves your symptoms?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How long does it normally take for the medication to start working?

- ☐ Less than 12 hours
- ☐ 12 hours to 24 hours
- ☐ 1 to 2 days
- ☐ 2 to 3 days
- ☐ More than 3 days

* How satisfied or dissatisfied are you with the amount of time it takes the medication to start working?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

* How easy or difficult is it to use the medication in its current form?

- ☐ Extremely difficult
- ☐ Very difficult
- ☐ Difficult
- ☐ Somewhat easy
- ☐ Easy
- ☐ Very easy
- ☐ Extremely easy

* How easy or difficult is it to plan when you will use the medication each time?

- ☐ Extremely difficult
- ☐ Very difficult
- ☐ Difficult
- ☐ Somewhat easy
- ☐ Easy
- ☐ Very easy
- ☐ Extremely easy

* How convenient or inconvenient is it to take the medication as instructed?

- ☐ Extremely inconvenient
- ☐ Very inconvenient
- ☐ Inconvenient
- ☐ Somewhat convenient
- ☐ Convenient
- ☐ Very convenient
- ☐ Extremely convenient

* Overall, how confident are you that taking the medication is a good thing for you?

- ☐ Not at all confident
- ☐ A little confident
- ☐ Somewhat confident
- ☐ Very confident
- ☐ Extremely confident

* How certain are you that the good things about your medication outweigh the bad things?

- ☐ Not at all certain
- ☐ A little certain
- ☐ Somewhat certain
- ☐ Very certain
- ☐ Extremely certain

* Taking all things into account, how satisfied or dissatisfied are you with this medication?

- ☐ Extremely dissatisfied
- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

How long have you been taking this medication?

Year(s)

Month(s)

.	<input type="text"/>	<input type="text"/>
---	----------------------	----------------------

Copyright 2017 IQVIA. All rights reserved.

* For each treatment that you are currently taking, have you experienced any of the following issues while using the medication? Select all that apply.

[illegible]

* Mark all treatments that you have used in the past and are not currently using for your constipation.

☐ I have not previously used these treatments for my constipation

☐ I don't know

☐ Fiber supplements (e.g., Metamucil®, Benefiber®, Citrucel®)

☐ Docusate (e.g., Colace®, DulcoEase®)

☐ Senna (Senokot®, ex-lax®)

☐ Bisacodyl (Dulcolax®)

☐ Polyethylene glycol 3350 (Miralax®)

☐ Lactulose (e.g., Enulose®, Constulose®)

☐ Magnesium (e.g., Milk of Magnesia®, Mag Citrate®)

☐ Lubiprostone (Amitiza®)

☐ Linaclotide (Linzess®)

☐ Plecanatide (Trulance®)

☐ Other treatment (please specify)

* For each treatment that you have used in the past and are not currently taking did you experience any of the following issues while using the medication? Select all that apply.

[illegible]

* Please respond to each item by marking one box per row.

	Excellent	Very Good	Good	Fair	Poor
In general, would you say your health is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, would you say your quality of life is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, how would you rate your physical health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, how would you rate your mental health, including your mood and your ability to think?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, how would you rate your satisfaction with your social activities and relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* Please respond to the item by marking one box per row.

	Completely	Mostly	Moderately	A Little	Not At All
To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* Please respond to the item by marking one box per row.

	Never	Rarely	Sometimes	Often	Always
In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* Please respond to the item by marking one box per row.

	None	Mild	Moderate	Severe	Very Severe
In the past 7 days, how would you rate your fatigue on average?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* Please respond to the item by marking one box per row.

[illegible]

* Has a healthcare provider ever diagnosed you with any of the following conditions that affect the gastrointestinal tract? Select all that apply.

- ☐ Gastroesophageal reflux disease (GERD)
- ☐ Crohn's disease
- ☐ Ulcerative colitis
- ☐ Celiac disease
- ☐ Cirrhosis
- ☐ Gallstones
- ☐ Irritable bowel syndrome (IBS)
- ☐ Pancreatitis
- ☐ Peptic ulcer disease (stomach ulcer)
- ☐ Diabetes
- ☐ Thyroid disease
- ☐ Fibromyalgia
- ☐ I have not been diagnosed with any of these conditions

* Has a healthcare provider ever diagnosed you with any of the following neurologic conditions? Select all that apply.

- ☐ Stroke
- ☐ Parkinson's disease
- ☐ Myasthenia gravis
- ☐ Multiple sclerosis
- ☐ Spinal cord injury
- ☐ I have not been diagnosed with any of these conditions

* Has a healthcare provider ever diagnosed you with any of the following psychological conditions? Select all that apply.

- ☐ Anxiety disorder
- ☐ Attention-deficit hyperactivity disorder
- ☐ Bipolar disorder
- ☐ Depression
- ☐ Obsessive-compulsive disorder
- ☐ Panic disorder
- ☐ Post-traumatic stress disorder
- ☐ Schizophrenia
- ☐ I have not been diagnosed with any of these conditions

* Are you currently taking any of the following medications? Select all that apply.

- ☐ Lithium
- ☐ Monoamine oxidase inhibitors (MAOIs) (e.g., Marplan, Nardil, Parnate, etc.)
- ☐ Selective serotonin reuptake inhibitors (SSRIs) (e.g., Celexa, Lexapro, Prozac, Paxil, Zoloft, etc.)
- ☐ Selective serotonin & norepinephrine inhibitors (SNRIs) (e.g., Khedezla, Pristiq, Cymbalta, Effexor, etc.)
- ☐ Tricyclic antidepressants (TCAs) (e.g., Elavil, Tofranil, Pamelor, etc.)
- ☐ Wellbutrin
- ☐ I am not currently taking any of these medications

* Please enter your age in years.

* What is your gender?

☐ Male

☐ Female

* How do you describe your race? Select all that apply.

☐ American Indian or Alaska Native

☐ White

☐ Native Hawaiian or Other Pacific Islander

☐ Black or African-American

☐ Asian

☐ Other race (please specify)

* Are you of Spanish, Hispanic, or Latino origin?

☐ Yes

☐ No

* What is the highest level of education you have completed?

☐ 8th grade or less

☐ Some high school

☐ Completed GED

☐ High school graduate

☐ Some college

☐ College degree

☐ Advanced graduate degree

* Are you now married, in a long-term relationship, widowed, divorced, separated, or never married?

- ☐ Married
- ☐ In a long-term relationship
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Never married

* Which of the following categories best describes your employment status? Select all that apply.

- ☐ Homemaker
- ☐ Unemployed
- ☐ Retired
- ☐ On disability
- ☐ On leave of absence from work
- ☐ Full-time worker (40 or more hours per week)
- ☐ Part-time worker (less than 40 hours per week)
- ☐ Full-time student

* What is your best estimate of your household's total annual income?

- ☐ Less than \$10,000
- ☐ Between \$10,000 to \$20,000
- ☐ Between \$20,001 to \$50,000
- ☐ Between \$50,001 to \$100,000
- ☐ Between \$100,001 to \$200,000
- ☐ More than \$200,000
- ☐ Prefer not to answer

* What type of health insurance do you have? Select all that apply.

- ☐ Insurance through a current or former employer or union
- ☐ Insurance purchased directly from an insurance company
- ☐ Medicare, for people 65 and older, or people with certain disabilities
- ☐ Medicaid, Medical Assistance, or any kind of government-assistance plan for this with low incomes or a disability
- ☐ TRICARE or other military health care
- ☐ VA (including those who have ever used or enrolled for VA health care)
- ☐ Indian Health Service
- ☐ I do not have health insurance
- ☐ Other (please specify)

* What state do you reside in?