DIGESTIVE HEALTH & WELLBEING SURVEY

INSTRUCTIONS: Please place a tick in the box unless otherwise specified.

1. What is your date of birth? ______/_______/_______

2. Are you? Male ☐ or Female ☐

3. In the last 3 months, how often did you have heartburn (a burning discomfort or burning pain in your chest)?
   Never ☐, Less than one day a month ☐, One day a month ☐, Two to three days a month ☐, One day a week ☐, More than one day a week ☐, Every day ☐

4. In the last 3 months, how often have you had any pain or burning in your stomach or upper tummy (we mean above your belly button but not in your chest)?
   Never ☐, Less than one day a month ☐, One day a month ☐, Two to three days a month ☐, One day a week ☐, More than one day a week ☐, Every day ☐

5. In the last 3 months, how often did you feel uncomfortably full after a regular-sized meal?
   Never ☐, Less than one day a month ☐, One day a month ☐, Two to three days a month ☐, One day a week ☐, More than one day a week ☐, Every day ☐

6. In the last 3 months, how often were you unable to finish a regular-sized meal?
   Never ☐, Less than one day a month ☐, One day a month ☐, Two to three days a month ☐, One day a week ☐, More than one day a week ☐, Every day ☐

7. In the last 3 months, how often did you have a feeling of bloating?
   Never ☐, Less than one day a month ☐, One day a month ☐, Two to three days a month ☐, One day a week ☐, More than one day a week ☐, Every day ☐

8. In the last 3 months, how often did you have a visible swelling of your belly or tummy?
   Never ☐, Less than one day a month ☐, One day a month ☐, Two to three days a month ☐, One day a week ☐, More than one day a week ☐, Every day ☐

9. In the last 3 months, how often did you have pain or discomfort anywhere in your belly or tummy (abdomen)?
   Never ☐, Less than one day a month ☐, One day a month ☐, Two to three days a month ☐, One day a week ☐, More than one day a week ☐, Every day ☐

Please use the following responses to help you answer these questions
Never/Rarely, Sometimes: About 25% of the time, Often: About 50% of the time, Most of the time: About 75% of the time, Always: 100% of the time

10. At the time when you had ANY discomfort or pain in your abdomen, stomach, or tummy, how often would you say that:
   a. the discomfort or pain was made better or stopped by having a bowel movement?
      Never/Rarely ☐, Sometimes ☐, Often ☐, Most of the time ☐, Always ☐
   b. you had more bowel motions (stools) than usual when the discomfort or pain began?
      Never/Rarely ☐, Sometimes ☐, Often ☐, Most of the time ☐, Always ☐
   c. you had less bowel motions (stools) than usual when the discomfort or pain began?
      Never/Rarely ☐, Sometimes ☐, Often ☐, Most of the time ☐, Always ☐
   d. you had looser bowel motions (stools) than usual when the discomfort or pain began?
      Never/Rarely ☐, Sometimes ☐, Often ☐, Most of the time ☐, Always ☐
   e. you had harder bowel motions (stools) than usual when the discomfort or pain began?
      Never/Rarely ☐, Sometimes ☐, Often ☐, Most of the time ☐, Always ☐

11. In the last 3 months, how often did you have any of the following problems with your bowels?
   a. you had less than three (0-2) bowel motions each week?
      Never/Rarely ☐, Sometimes ☐, Often ☐, Most of the time ☐, Always ☐

Continued overleaf
b. you had more than three bowel motions each day?  
   Never/Rarely □, Sometimes □, Often □, Most of the time □, Always □

c. your stools been lumpy or hard?  
   Never/Rarely □, Sometimes □, Often □, Most of the time □, Always □

d. your stools been loose or watery?  
   Never/Rarely □, Sometimes □, Often □, Most of the time □, Always □

e. you needed to strain to have a bowel motion?  
   Never/Rarely □, Sometimes □, Often □, Most of the time □, Always □

f. you had been troubled by an urgent need to have a bowel movement that made you rush to a toilet?  
   Never/Rarely □, Sometimes □, Often □, Most of the time □, Always □

12. In the **last 3 months**, how often did you have nausea (a feeling of wanting to be sick)?  
   Never □, Less than one day a month □, One day a month □, Two to three days a month □,  
   One day a week □, More than one day a week □, Every day □

13. Did your tummy/bowel problems start within 3 months of gastroenteritis? No □, Yes □, N/A □

14. Did your tummy/bowel problems start within 3 months of a course of antibiotics? No □, Yes □, N/A □

15. Do you have stomach or bowel symptoms when you eat wheat based foods (e.g. bread)? No □, Yes □

16. Have you **ever** been told by a doctor that you have any of the following conditions?  
   *(You may tick more than one box)*

   - Asthma □
   - Food allergy □
   - Rheumatoid arthritis □
   - Anxiety Disorder □
   - Scleroderma □
   - Pollen allergy □
   - Wheat (gluten) intolerance □
   - Depression □
   - Reflux □
   - Animal allergy □
   - Parkinson’s disease □
   - Glaucoma □
   - Diabetes □
   - Helicobacter pylori/ulcer □
   - Psoriasis □
   - Polyps/cancer bowel □
   - Crohn’s Disease □
   - Ulcerative colitis □
   - Psoriasis □
   - Migraine □

17. Have you **ever** smoked?  
   No □ (Please go to Q19), Yes □

18. How often do you **NOW** smoke?  
   Less often than weekly □, At least weekly □, At least daily □

19. During the past 4 weeks (28 days), how much of the time did you feel…  
   *(tick one box on each line)*

   - All of the time □
   - Most of the time □
   - Some of the time □
   - A little of the time □
   - None of the time □

   ...so sad nothing could cheer you up □
   ...nervous □
   ...restless or fidgety □
   ...hopeless □
   ...that everything was an effort □
   ...worthless □

20. How often during the past 4 weeks did you…  
   *(tick one box on each line)*

   a. Get enough sleep to feel rested upon waking? □
   b. Awaken short of breath or with a headache? □
   c. Have trouble falling asleep? □
   d. Awaken during your sleep time and have trouble falling asleep again? □
   e. Have trouble staying awake during the day? □
   f. Get the amount of sleep you needed? □

21. Are you taking any proton pump inhibitors? *(Omeprazole (Losec), Esomeprazole (Nexium), Rabeprazole (Pariet), Pantoprazole (Somac), and Lansoprazole (Zoton))* No □, Yes □

22 What is your height? ___cms or ___feet ___inches and weight? ___kgs or ___stone ___pounds

23 If asked, would you be willing to participate in future research? No □, Yes □

Thank you very much for participating in this important research. We appreciate your time.