Do you have any frequent gastrointestinal issues (stomach issues), including but not limited to constipation, irritable bowel syndrome, gastritis, or gastroesophageal reflux disease (GERD)?

Yes / No

If yes,

Please indicate whether each of the following disorders is not present, diagnosed (by a medical professional), or suspected (based on your symptoms).

|  |  |  |  |
| --- | --- | --- | --- |
| Please indicate whether each of the following disorders is not present, has ever been diagnosed (by a medical professional), or has ever been suspected (based on your symptoms). | | | |
|  | Not present / never present | Diagnosed | Suspected |
| Gastroesophageal reflux disease (GERD) |  |  |  |
| Gastroparesis |  |  |  |
| Gastritis |  |  |  |
| Peptic ulcers |  |  |  |
| Chronic constipation |  |  |  |
| Irritable bowel syndrome (IBS) |  |  |  |
| Inflammatory bowel disease (IBD) -Ulcerative colitis -Chron’s disease |  |  |  |
| Gallstones |  |  |  |
| Lactose intolerance |  |  |  |
| Diverticulitis |  |  |  |
| Cancer of the stomach, colon, or other gastrointestinal system |  |  |  |
| Celiac disease |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

For each disorder that is or has been diagnosed or suspected:

In the last three months, how often have you had recurrent pain related to this disorder on average:

0 – Never

1 – less than 1 day per week

2 – 1 day per week

3 – more than 1 day per week

How debilitating has this disorder been for you at its worst (in the last three months)?

0 – No pain (normal function)

1 – Some pain (with function)

2 – moderate pain with function

3 – severe pain with function

4 – incapable of function because of pain