

## Gastrointestinal Conditions - Questions list

Question 1: In the past 2 years, have you had an upper endoscopy (esophagus/stomach)?

- Yes
- No

Gender specific: None  
Routing rule: None

Question 2: In the past 2 years, have you had a colonoscopy (traditional/scope inserted or CT/virtual) and/or a sigmoidoscopy?

- Yes
- No

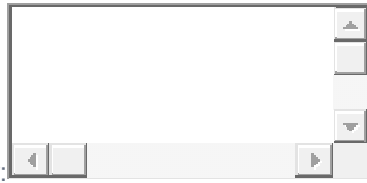
Gender specific: None  
Routing rule: ( Yes->3 No->5 )

Question 3: What was/were the initial reason(s) you had a colonoscopy/sigmoidoscopy ?

- Visible blood
- Family history of colon cancer
- Virtual (CT) colonography
- Occult fecal blood
- Diarrhea/constipation
- Prior polyps
- Abdominal pain
- barium enema
- Asymptomatic or routine screening
- Other

Gender specific: None  
Routing rule: ( Other@->4 SKIPTO->5 )

Question 4: You said your initial reason wasn't listed; please tell us the initial reason for your colonoscopy/sigmoidoscopy



Please specify:

Gender specific: None  
Routing rule: None

Question 5: Have you had any of the following procedures and/or conditions diagnosed by a physician?

- Diverticulitis or Diverticulosis
- Polyp in colon or rectum
- Cancer of colon or rectum
- Gall bladder removal (cholecystectomy)
- Gastric or duodenal ulcer
- Barrett's esophagus
- Ulcerative colitis
- None of the above

Gender specific: None  
Routing rule: None

Question 6: Do you have Crohn's disease?

- Yes
- No

Gender specific: None  
Routing rule: None

Question 7: Do you have Irritable Bowel Syndrome?

- Yes
- No

Gender specific: None  
Routing rule: None

Question 8: Have you ever had gastrointestinal bleeding that required hospitalization or a transfusion?

Yes

No

Gender specific: None  
Routing rule: ( Yes->9 No->10 )

Question 9: What was the site of the bleeding?

Esophagus

Stomach

Duodenum

Colon/rectum

Other

Site unknown

I do not know








Gender specific: None  
Routing rule: None

Question 10: On average, how many times per week do you empty the bowel?

Gender specific: None  
Routing rule: None

Question 11: Looking at the picture provided, what feces type best represents your typical stool passing?

## Bristol stool chart

<b>TYPE 1</b>		Separate hard lumps, like nuts (hard to pass)
<b>TYPE 2</b>		Sausage-shaped, but lumpy
<b>TYPE 3</b>		Sausage-shaped, but with cracks on surface
<b>TYPE 4</b>		Sausage- or snake-like, smooth and soft
<b>TYPE 5</b>		Soft blobs with clear-cut edges (easy to pass)
<b>TYPE 6</b>		Fluffy pieces with ragged edges, mushy
<b>TYPE 7</b>		Watery, no solid pieces (entirely liquid)

Gender specific: None  
Routing rule: None

Question 12: Do you suffer from constipation?

- Never
- Sometimes
- Often
- Very often

Gender specific: None  
Routing rule: None

Question 13: Do you suffer from diarrhea?

- Never
- Sometimes
- Often
- Very often

Gender specific: None

Routing rule: None

Question 14: In the past 3 months, have you ever had abdominal pain or discomfort that occurred during at least 3 days per month?

- Yes
- No

Gender specific: None

Routing rule: ( Yes->15 No->18 )

Question 15: Was the pain relieved by emptying the bowel?

- Yes
- No
- Somewhat

Gender specific: None

Routing rule: None

Question 16: Is the pain/discomfort associated with a change in stool frequency (either increased or decreased number of bowel movements)?

- Yes
- No
- Somewhat

Gender specific: None

Routing rule: None

Question 17: Is the pain/discomfort associated with a change in stool consistency (looser or harder than usual)?

Yes

No

Somewhat

Gender specific: None

Routing rule: None

Question 18: How would you rate this survey?

No comment.

I can imagine it is useful for research.

It was interesting.

It could use some work.

Gender specific: None

Routing rule: ( END )