

QOLRAD  
QUESTIONNAIRE FOR PATIENTS WITH GASTROINTESTINAL  
SYMPTOMS

PLEASE READ THIS CAREFULLY BEFORE ANSWERING THE QUESTIONS

On the following pages you will find some questions asking about how you have been feeling DURING THE PAST WEEK because of pain, discomfort, or burning in your upper abdomen, which are the symptoms that brought you into the study. We remind you that “the upper abdomen” is below the ribs and above the belly button. Please answer all of these questions as honestly as you can.

For each question, tick the box which best describes how you have been feeling.

1. How often during the past week have you been FEELING TIRED OR WORN OUT BECAUSE OF PAIN, DISCOMFORT, OR BURNING IN THE UPPER ABDOMEN?

- All of the time
- Most of the time
- Quite a lot of the time
- Some of the time
- A little of the time
- Hardly any of the time
- None of the time

2. How often during the past week did you AVOID BENDING OVER BECAUSE OF CONCERN OVER PAIN, DISCOMFORT, OR BURNING IN THE UPPER ABDOMEN?

- All of the time
- Most of the time
- Quite a lot of the time
- Some of the time
- A little of the time
- Hardly any of the time
- None of the time

3. During the past week, how much PAIN, DISCOMFORT, OR BURNING IN THE UPPER ABDOMEN HAVE YOU HAD BECAUSE OF EATING OR DRINKING?

- A great deal
- A lot
- A moderate amount
- Some
- A little
- Hardly any
- None at all

4. How often during the past week have you FELT GENERALLY UNWELL BECAUSE OF PAIN, DISCOMFORT, OR BURNING IN THE UPPER ABDOMEN?

- All of the time
- Most of the time
- Quite a lot of the time
- Some of the time
- A little of the time
- Hardly any of the time
- None of the time

5. How often during the past week was it NECESSARY TO EAT LESS THAN USUAL BECAUSE OF PAIN, DISCOMFORT, OR BURNING IN THE UPPER ABDOMEN?

- All of the time
- Most of the time
- Quite a lot of the time
- Some of the time
- A little of the time
- Hardly any of the time
- None of the time

6. How often during the past week has PAIN, DISCOMFORT, OR BURNING IN THE UPPER ABDOMEN KEPT YOU FROM DOING THINGS WITH FAMILY OR FRIENDS?

- All of the time
- Most of the time
- Quite a lot of the time
- Some of the time
- A little of the time
- Hardly any of the time
- None of the time

7. How often during the past week did you have A LACK OF ENERGY BECAUSE OF PAIN, DISCOMFORT, OR BURNING IN THE UPPER ABDOMEN?

- All of the time
- Most of the time
- Quite a lot of the time
- Some of the time
- A little of the time
- Hardly any of the time
- None of the time

8. How often during the past week have you had DIFFICULTY GETTING A GOOD NIGHT'S SLEEP BECAUSE OF PAIN, DISCOMFORT, OR BURNING IN THE UPPER ABDOMEN?

- All of the time
- Most of the time
- Quite a lot of the time
- Some of the time
- A little of the time
- Hardly any of the time
- None of the time

9. How often during the past week has PAIN, DISCOMFORT, OR BURNING IN THE UPPER ABDOMEN MADE IT DIFFICULT TO EAT ANY OF THE FOODS OR SNACKS YOU LIKE?

- All of the time
- Most of the time
- Quite a lot of the time
- Some of the time
- A little of the time
- Hardly any of the time
- None of the time

10. How often during the past week did you FEEL TIRED OR WORKN OUT DUE TO LACK OF SLEEP BECAUSE OF PAIN, DISCOMFORT, OR BURNING IN THE UPPER ABDOMEN?

- All of the time
- Most of the time
- Quite a lot of the time
- Some of the time
- A little of the time
- Hardly any of the time
- None of the time

11. How often during the past week did PAIN, DISCOMFORT, OR BURNING IN THE UPPER ABDOMEN WAKE YOU UP AT NIGHT AND PREVENT YOU FROM FALLING ASLEEP AGAIN?

- All of the time
- Most of the time
- Quite a lot of the time
- Some of the time
- A little of the time
- Hardly any of the time
- None of the time

12. How often during the past week have you felt DISCOURAGED OR DISTRESSED BECAUSE OF PAIN, DISCOMFORT, OR BURNING IN THE UPPER ABDOMEN?

- All of the time
- Most of the time
- Quite a lot of the time
- Some of the time
- A little of the time
- Hardly any of the time
- None of the time

13. How often during the past week has PAIN, DISCOMFORT, OR BURNING IN THE UPPER ABDOMEN MADE FOOD SEEM UNAPPEALING TO YOU?

- All of the time
- Most of the time
- Quite a lot of the time
- Some of the time
- A little of the time
- Hardly any of the time
- None of the time

14. How often during the past week have you FELT FRUSTRATED OR IMPATIENT BECAUSE OF PAIN, DISCOMFORT, OR BURNING IN THE UPPER ABDOMEN?

- All of the time
- Most of the time
- Quite a lot of the time
- Some of the time
- A little of the time
- Hardly any of the time
- None of the time

15. How often during the past week have you been ANXIOUS OR UPSET BECAUSE OF PAIN, DISCOMFORT, OR BURNING IN THE UPPER ABDOMEN?

- All of the time
- Most of the time
- Quite a lot of the time
- Some of the time
- A little of the time
- Hardly any of the time
- None of the time

16. During the past week, how much PAIN, DISCOMFORT, OR BURNING IN THE UPPER ABDOMEN HAVE YOU HAD BECAUSE OF HAVING EATEN FOODS OR SNACKS YOU COULD NOT TOLERATE?

- A great deal
- A lot
- A moderate amount
- Some
- A little
- Hardly any
- None at all

17. How often during the past week have you had ANY WORRIES OR FEARS ABOUT YOUR HEALTH BECAUSE OF PAIN, DISCOMFORT, OR BURNING IN THE UPPER ABDOMEN?

- All of the time
- Most of the time
- Quite a lot of the time
- Some of the time
- A little of the time
- Hardly any of the time
- None of the time

18. How often during the past week did you FAIL TO WAKE UP IN THE MORNING FEELING FRESH AND RESTED BECAUSE OF PAIN, DISCOMFORT, OR BURNING IN THE UPPER ABDOMEN?

- All of the time
- Most of the time
- Quite a lot of the time
- Some of the time
- A little of the time
- Hardly any of the time
- None of the time

19. How much during the past week has PAIN, DISCOMFORT, OR BURNING IN THE UPPER ABDOMEN MADE YOU FEEL IRRITABLE?

- A great deal
- A lot
- A moderate amount
- To some extent
- A little
- Hardly at all
- Not at all

20. How often during the past week have you had to AVOID CERTAIN FOOD, BEVERAGES OR DRINKS BECAUSE OF PAIN, DISCOMFORT, OR BURNING IN THE UPPER ABDOMEN?

- All of the time
- Most of the time
- Quite a lot of the time
- Some of the time
- A little of the time
- Hardly any of the time
- None of the time

21. How often during the past week did you HAVE TROUBLE GETTING TO SLEEP BECAUSE OF PAIN, DISCOMFORT, OR BURNING IN THE UPPER ABDOMEN?

- All of the time
- Most of the time
- Quite a lot of the time
- Some of the time
- A little of the time
- Hardly any of the time
- None of the time

22. How often during the past week did you FEEL FRUSTRATED BECAUSE THE EXACT CAUSE OF YOUR SYMPTOMS IS NOT KNOWN AND YOU STILL HAVE SO MUCH PAIN, DISCOMFORT, OR BURNING IN THE UPPER ABDOMEN?

- All of the time
- Most of the time
- Quite a lot of the time
- Some of the time
- A little of the time
- Hardly any of the time
- None of the time

23. How often during the past week did you have DIFFICULTY SOCIALIZING WITH FAMILY OR FRIENDS BECAUSE OF PAIN, DISCOMFORT, OR BURNING IN THE UPPER ABDOMEN?

- All of the time
- Most of the time
- Quite a lot of the time
- Some of the time
- A little of the time
- Hardly any of the time
- None of the time

24. How often during the past week were you UNABLE TO CARRY OUT YOUR DAILY ACTIVITIES (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSE WORK) DUE TO PAIN, DISCOMFORT, OR BURNING IN THE UPPER ABDOMEN?

- All of the time
- Most of the time
- Quite a lot of the time
- Some of the time
- A little of the time
- Hardly any of the time
- None of the time

25. How often during the past week were you UNABLE TO CARRY OUT YOUR NORMAL PHYSICAL ACTIVITIES (INCLUDING SPORT, LEISURE ACTIVITIES AND MOVING AROUND OUTSIDE THE HOME) DUE TO PAIN, DISCOMFORT, OR BURNING IN THE UPPER ABDOMEN?

- All of the time
- Most of the time
- Quite a lot of the time
- Some of the time
- A little of the time
- Hardly any of the time
- None of the time

PLEASE CHECK THAT YOU HAVE ANSWERED ALL THE QUESTIONS!

THANK YOU FOR YOUR CO-OPERATION.