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Section S — DIGESTIVE DISORDERS

Section S1 — SPECIFIC CONDITIONS

3–4

1. **DURING THE PAST 12 MONTHS, did you have gallstones?** — 5

1 ☐ Yes *(5)*
2 ☐ No
9 ☐ DK

2. **DURING THE PAST 12 MONTHS, did you have any other gallbladder trouble?** — 6

1 ☐ Yes *(5)*
2 ☐ No
9 ☐ DK

3. **Have you ever had gallstones?** — 7

1 ☐ Yes *(5)*
2 ☐ No
9 ☐ DK

4. **Have you ever had any other gallbladder trouble?** — 8

1 ☐ Yes
2 ☐ No } *(8)*
9 ☐ DK }

5. **When did a doctor first tell you that you had [gallstones/gallbladder trouble]?** — 9

1 ☐ Less than 3 months ago
2 ☐ 3 months, less than 1 year
3 ☐ 1 year, less than 2 years
4 ☐ 2 years, less than 5 years
5 ☐ 5 years, less than 10 years
6 ☐ 10 years or more
7 ☐ Doctor never seen *(8)*
9 ☐ DK when

6a. **Have you ever had gallbladder surgery?** — 10

1 ☐ Yes
2 ☐ No } *(7)*
9 ☐ DK }

b. **When did you last have gallbladder surgery?** — 11

1 ☐ Less than 3 months ago
2 ☐ 3 months, less than 1 year
3 ☐ 1 year, less than 2 years
4 ☐ 2 years, less than 5 years
5 ☐ 5 years, less than 10 years
6 ☐ 10 years or more
9 ☐ DK when

7. **Have you ever had any of the following tests to help diagnose your [gallstones/gallbladder condition] —** — 12

a. **An X-ray of your gallbladder or abdomen?**

Read if necessary: **For this X-ray you would have been given either pills the night before or an intravenous injection just before the X-rays were taken.**

1 ☐ Yes
2 ☐ No
9 ☐ DK

b. **A sonogram or ultrasound of your gallbladder?** — 13

Read if necessary: **For this test, a gel is rubbed on your upper right side and an instrument is moved around the area while an examiner watches on a television screen.**

1 ☐ Yes
2 ☐ No
9 ☐ DK

c. **An upper GI series?** — 14

Read if necessary: **For an upper GI series, you drink a chalky white liquid called barium, and then X-rays are taken.**

1 ☐ Yes
2 ☐ No
9 ☐ DK

8. **DURING THE PAST 12 MONTHS, did you have an ulcer?** — 15

1 ☐ Yes *(10)*
2 ☐ No
9 ☐ DK

9. **Have you ever had an ulcer?** — 16

1 ☐ Yes
2 ☐ No } *(13)*
9 ☐ DK }

10. **When did a doctor first tell you that you had an ulcer?** — 17

1 ☐ Less than 3 months ago
2 ☐ 3 months, less than 1 year
3 ☐ 1 year, less than 2 years
4 ☐ 2 years, less than 5 years
5 ☐ 5 years, less than 10 years
6 ☐ 10 years or more
7 ☐ Doctor never seen *(13)*
9 ☐ DK when

11. **Did the doctor say you had a gastric, duodenal, or peptic ulcer, some other type, or were you not told?**

Mark all that apply

0 ☐ Skin *(13)* — 18
1 ☐ Gastric — 19
2 ☐ Duodenal — 20
3 ☐ Peptic — 21
4 ☐ Stomach — 22
7 ☐ Not told — 23
8 ☐ Other — *Specify* ____

9 ☐ DK — 24

Section S1 — SPECIFIC CONDITIONS — Continued

12. **Have you ever had any of the following tests to help diagnose your ulcer —** [25]

a. **An upper GI series?**

Read if necessary: **For an upper GI series, you drink a chalky white liquid called barium, and then X-rays are taken.**

1 ☐ Yes
2 ☐ No
9 ☐ DK

b. **An upper endoscopy or gastroscopy?** [26]

Read if necessary: **For this test, a long flexible tube with a light on the end is inserted down the throat so that the lining of the stomach and the upper intestine can be examined.**

1 ☐ Yes
2 ☐ No
9 ☐ DK

13. **DURING THE PAST 12 MONTHS, did you have diverticulitis?** [27]

1 ☐ Yes *(15)*
2 ☐ No
9 ☐ DK

14. **Have you ever had diverticulitis?** [28]

1 ☐ Yes
2 ☐ No } *(18)*
9 ☐ DK

15. **When did a doctor first tell you that you had diverticulitis?** [29]

1 ☐ Less than 3 months ago
2 ☐ 3 months, less than 1 year
3 ☐ 1 year, less than 2 years
4 ☐ 2 years, less than 5 years
5 ☐ 5 years, less than 10 years
6 ☐ 10 years or more
7 ☐ Doctor never seen *(18)*
9 ☐ DK when

16a. **Have you ever been in the hospital overnight for diverticulitis?** [30]

1 ☐ Yes
2 ☐ No } *(17)*
9 ☐ DK

b. **When were you last in the hospital overnight for diverticulitis?** [31]

1 ☐ Less than 3 months ago
2 ☐ 3 months, less than 1 year
3 ☐ 1 year, less than 2 years
4 ☐ 2 years, less than 5 years
5 ☐ 5 years, less than 10 years
6 ☐ 10 years or more
9 ☐ DK when

17. **Have you ever had a barium enema to help diagnose your diverticulitis?** [32]

Read if necessary: **For this X-ray, you would have been given an enema containing barium and X-rays of your abdomen would be taken.**

1 ☐ Yes
2 ☐ No
9 ☐ DK

18a. **DURING THE PAST 12 MONTHS, have you had a spastic colon, functional bowel, irritable colon or irritable bowel syndrome?** [33]

1 ☐ Yes
2 ☐ No } *(19)*
9 ☐ DK

b. **Which — spastic colon, functional bowel, irritable colon, or irritable bowel syndrome?**

Mark all reported, do not probe.

1 ☐ Spastic colon [34]
2 ☐ Functional bowel [35]
3 ☐ Irritable colon [36]
4 ☐ Irritable bowel syndrome [37]
8 ☐ Other similar condition mentioned — *Specify*_____ [38]
} *(19c)*

19a. **Have you ever had a spastic colon, functional bowel, irritable colon, or irritable bowel syndrome?** [39]

1 ☐ Yes
2 ☐ No } *(20)*
9 ☐ DK

b. **Which — Spastic colon, functional bowel, irritable colon, or irritable bowel syndrome?**

Mark all reported, do not probe.

1 ☐ Spastic colon [40]
2 ☐ Functional bowel [41]
3 ☐ Irritable colon [42]
4 ☐ Irritable bowel syndrome [43]
8 ☐ Other similar condition mentioned — *Specify*_____ [44]

c. **When did a doctor first tell you you had** *(entry in 18b or 19b)*? [45]

1 ☐ Less than 3 months ago
2 ☐ 3 months, less than 1 year
3 ☐ 1 year, less than 2 years
4 ☐ 2 years, less than 5 years
5 ☐ 5 years, less than 10 years
6 ☐ 10 years or more
7 ☐ Doctor never seen
9 ☐ DK when

20. **Have you had hemorrhoids in the past 12 months?** [46]

1 ☐ Yes *(21b)*
2 ☐ No
9 ☐ DK

21a. **Has a doctor ever told you that you had hemorrhoids?** [47]

1 ☐ Yes
2 ☐ No } *(Section S2)*
9 ☐ DK

b. **When did you last talk to a doctor about your hemorrhoids?** [48]

1 ☐ Less than 3 months ago
2 ☐ 3 months, less than 1 year
3 ☐ 1 year, less than 2 years
4 ☐ 2 years, less than 5 years
5 ☐ 5 years, less than 10 years
6 ☐ 10 years or more
7 ☐ Doctor never seen
9 ☐ DK when

22. **Have you ever had surgery in a doctor's office, clinic, or hospital for hemorrhoids?** [49]

1 ☐ Yes
2 ☐ No
9 ☐ DK

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3-4

Section S2 — ABDOMINAL PAIN

5

Hand Card S1.

The next questions are about pain and discomfort in the abdomen. By abdomen, we mean [the shaded area on this diagram/the area between the lower ribs and the hips]. Do not include pain related to kidneys, bladder, or arthritis (menstruation or pregnancy).

1. DURING THE PAST 12 MONTHS, have you had any type of pain or severe discomfort in your abdomen three or more times?

1 ☐ Yes
2 ☐ No } *(Section S3)*
9 ☐ DK }

6

2. Have you ever made a visit to a doctor for your abdominal pain?
If asked: **or the condition that caused the pain.**

1 ☐ Yes
2 ☐ No } *(4)*
9 ☐ DK }

3a. What condition did the doctor say was the cause of the pain?
Enter first 5 code numbers and the conditions in the order mentioned.
Do not probe.

98 ☐ Doctor didn't say } *(4)*
99 ☐ DK }

Code	Condition	
_____	_____	7–8
_____	_____	9–10
_____	_____	11–12
_____	_____	13–14
_____	_____	15–16

If only one response to 3a, enter in 3b without asking.

b. Which of these conditions caused the MOST pain during the past 12 months?
Enter code number and condition.

_____ _____ *(Check item 1)* 17–18

99 ☐ DK *(Check item 1)*

4a. What condition do you think was the cause of the pain?
Enter first 5 code numbers and the conditions in the order mentioned.
Do not probe.

99 ☐ DK *(5)*

Code	Condition	
_____	_____	19–20
_____	_____	21–22
_____	_____	23–24
_____	_____	25–26
_____	_____	27–28

If only one response to 4a, enter in 4b without asking.

b. Which of these conditions caused the MOST pain during the past 12 months?
Enter code number and condition.

_____ _____ *(Check item 1)* 29–30

99 ☐ DK *(Check item 1)*

ASSIGNMENT OF CODES

1. Give highest priority to codes 01–04.
2. If a condition or word in a condition is asterisked, assign asterisked codes 55–62.
3. If a condition and part of body are reported, assign code for the part of body.

01 Spastic colon
02 Functional bowel
03 Irritable colon
04 Irritable bowel syndrome
05 Allergies
06 Anxiety
07 Appendicitis
08 Cancer
09 Cirrhosis
10 Colitis
11 Constipation
12 Crohn's disease
13 Depression
14 Diarrhea
15 Diverticulitis
16 Diverticulosis
17 Enteritis
18 Esophagitis
19 Flu
20 Food poisoning
21 Gallbladder problem
22 Gallstones
23 Gastritis
24 Gastroenteritis
25 Growth
26 Heartburn
27 Hepatitis
28 Hernia, other than hiatal
29 Hiatal hernia
30 Impacted bowels
31 Indigestion
32 Infection
33 Influenza
34 Lactose intolerance
35 Medication side effects
36 Nerves
37 Obstructed bowels
38 Other bowel trouble
39 Other liver trouble
40 Other stomach trouble
41 Peritonitis
42 Stress
43 Tension
44 Trouble swallowing
45 Tumor
46 Ulcer
47 Ulcerative colitis
48 Virus

* **55** Arthritis
* **56** Back problems
* **57** Bladder
* **58** Kidneys
* **59** Menstruation
* **60** Other female trouble
* **61** Pregnancy
* **62** Prostate
63 Other — *Specify above*
64 Other — *Specify above*
65 Other — *Specify above*
66 Other — *Specify above*
67 Other — *Specify above*

* Do not ask questions 5–27 about these conditions.

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Section S2 — ABDOMINAL PAIN — Continued

Ask questions 5–27 about the first condition coded 01–04 in 3a or 4a. If none, ask about condition in 3b or 4b. If this is an asterisked condition, ask about next condition mentioned in 3a or 4a. If this is "DK", begin with question 5, but do not read the parentheticals. If no other condition, go to Section S3.

CHECK ITEM 1 — *Enter code and condition.*

31–32 ____ Code

____ Condition

(These next questions are about pain related to your *(condition in Check Item 1)*.

Ask if "Yes" in 2; otherwise go to 8.

5. How many DIFFERENT doctors have you visited for this pain? — 33
0 ☐ None *(8)*
1 ☐ One
2 ☐ Two
3 ☐ Three or more

6. DURING THE PAST 12 MONTHS, how many doctor visits did you have because of this pain? — 34–36
000 ☐ None
001 ☐ One
____ Number of visits

7. Were any of the following tests done (to diagnose your *(condition in check item 1)*?

a. Upper GI series? — 37
Read if necessary: **You drink a chalky white liquid called barium and then X-rays are taken.**
1 ☐ Yes
2 ☐ No
9 ☐ DK

b. Barium enema? — 38
Read if necessary: **You are given an enema containing barium and X-rays of your abdomen are taken.**
1 ☐ Yes
2 ☐ No
9 ☐ DK

c. Upper endoscopy or gastroscopy? — 39
Read if necessary: **A long flexible tube with a light on the end is inserted down the throat so that the lining of the stomach and the upper intestine can be examined.**
1 ☐ Yes
2 ☐ No
9 ☐ DK

d. Lower endoscopy or colonoscopy? — 40
Read if necessary: **A long flexible tube with a light on the end is inserted in the rectum so that the lining of the large intestine can be examined.**
1 ☐ Yes
2 ☐ No
9 ☐ DK

e. Sonogram or ultrasound? — 41
Read if necessary: **A gel is rubbed on your upper right side and an instrument is moved around the area while an examiner watches on a television screen.**
1 ☐ Yes
2 ☐ No
9 ☐ DK

Mark box or ask.
Hand Card S1.

8. Looking at this card, tell me the numbers that show where the pain (from the *(condition in Check Item 1)*) was located? — 42
0 ☐ Telephone interview *(9)*

Mark all that apply.
Do not probe.
1 ☐ — 43
2 ☐ — 44
3 ☐ — 45
4 ☐ — 46
5 ☐ — 47
6 ☐ — 48
7 ☐ — 49
8 ☐ — 50
9 ☐ — 51
(11)

9. Was the pain above the waistline, below the waist, or around the waistline? — 52
Mark all that apply. — 53, 54
1 ☐ Above
2 ☐ Below
3 ☐ Around

10. Was the pain on the right side, the left side, or down the middle? — 55, 56, 57
Mark all that apply.
1 ☐ Right
2 ☐ Left
3 ☐ Middle

11. When you get this pain, how long does it USUALLY last? — 58–61
____ 1 ☐ Minutes / 2 ☐ Hours / 3 ☐ Days
7777 ☐ Constant, all the time
8888 ☐ Varies too much for a usual duration

12. During how many days in the past year did you have this pain? — 62–64
001 ☐ One *(15)*
____ Days
365 ☐ Everyday

If more than 14 days in 12, go to 14

13. Did all of this pain occur during one two week period? — 65
1 ☐ Yes *(15)*
2 ☐ No

14. During how many DIFFERENT months in the past year did you have this pain? — 66–67
____ Months

15. On a scale from 1 to 10, where 1 is mild and 10 is severe, how would you rate this pain at its worst? — 68–69
Circle one
01 02 03 04 05
06 07 08 09 10

16. Have you ever taken any medication for the pain? — 70
1 ☐ Yes
2 ☐ No *(18)*

17. Was any of the medication you took prescribed for you by a doctor? — 71
1 ☐ Yes
2 ☐ No

18. When this pain starts, do you have to stop what you are doing because it hurts? — 72
1 ☐ Yes
2 ☐ No

19. When you have this pain, do you USUALLY have bowel movements? — 73
1 ☐ Yes
2 ☐ No

20. When you have this pain, are your bowel movements USUALLY looser than normal? — 74
1 ☐ Yes
2 ☐ No

21. When you have this pain, are your bowel movements USUALLY more frequent than normal? — 75
1 ☐ Yes
2 ☐ No

22. Is the pain USUALLY relieved or lessened by having a bowel movement? — 76
1 ☐ Yes
2 ☐ No

23. Is the pain relieved by passing gas? — 77
1 ☐ Yes
2 ☐ No

24. When you have this pain, is your abdomen usually swollen or bloated? — 78
1 ☐ Yes
2 ☐ No

25. When you have this pain, are you ever awakened from sleep? — 79
1 ☐ Yes
2 ☐ No

26. In the past 30 days, has this pain caused you to cut down on the things you usually do? — 80
1 ☐ Yes
2 ☐ No *(Section S3)*

27. In the past 30 days, how many days did you cut down for more than half the day? — 81–82
00 ☐ None
____ Days

Notes

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3–4

Section S3 — NORMATIVE BOWEL FUNCTIONS

5–6

These next questions are about bowel habits during the past 12 months. (Because these questions are personal, I can read the questions to you or if you prefer, you can fill them out yourself.)

1. How often do you usually have bowel movements?

_____ Times per day

OR

_____ Times per week

00☐ Less than one time per week

7–8

Hand Card Q1. Read answer categories if telephone interview.

2. During the past 12 months, how often have your bowel movements been—

	Always	Most of the time	Some of the time	Rarely	Never	DK	
a. Hard?	1☐	2☐	3☐	4☐	5☐	9☐	9
b. Accompanied by mucus?	1☐	2☐	3☐	4☐	5☐	9☐	10
c. Accompanied by pain?	1☐	2☐	3☐	4☐	5☐	9☐	11
d. Accompanied by swelling or bloating?	1☐	2☐	3☐	4☐	5☐	9☐	12
e. Accompanied by straining to move bowels?	1☐	2☐	3☐	4☐	5☐	9☐	13
f. Followed by a feeling of not being finished after moving bowels?	1☐	2☐	3☐	4☐	5☐	9☐	14

3. During the past 12 months, how often have you been constipated? — 15

1☐ Always
2☐ Most of the time
3☐ Some of the time
4☐ Rarely
5☐ Never

4. How often have you had diarrhea? — 16

1☐ Always
2☐ Most of the time
3☐ Some of the time
4☐ Rarely } *(8)*
5☐ Never }

5. DURING THE PAST 12 MONTHS, have you seen a doctor about your diarrhea? — 17

1☐ Yes
2☐ No *(8)*

6. How many times in the past 12 months have you seen a doctor about your diarrhea? — 18–19

_____ Times

7. What did the doctor say caused the diarrhea? — 20–21, 22–23, 24–25, 26–27

Mark first 4 mentioned. Do not probe.

01☐ Enteritis
02☐ Diverticulitis
03☐ Crohn's disease
04☐ Intestinal flu or virus
05☐ Spastic colon, functional bowel, irritable bowel syndrome, irritable colon
06☐ Colitis
07☐ Ulcerative colitis
08☐ Infection
09☐ Lactose intolerance
10☐ Travelers diarrhea
11☐ "Something I ate"
12☐ Dysentery
13☐ Medication
14☐ Nerves or stress
88☐ Something else
98☐ Doctor didn't say
99☐ DK

8a. IN THE PAST 30 DAYS, did you take any laxatives or stool softeners, such as Ex-Lax, Metamucil or Fiberall, to help move your bowels? — 28

1☐ Yes
2☐ No } *(9)*
9☐ DK }

b. How many times have you taken laxatives or stool softeners in the past 30 days? — 29–30

_____ Times

9. How often do you think a person should have bowel movements? — 31–32

_____ Times per day

OR

_____ Times per week — 33–34

00☐ Less than 1 time per week

Notes

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10. **I am going to read a list of health problems that may have been a lot of trouble for you in the past year. By "a lot of trouble" we mean that in the past year, you saw or talked to a doctor or other health professional, you took medication more than once, or the problem interfered with your life or usual activities.**

Hand Card S2.

	Yes	No	
In the past 12 months, have you had a lot of trouble with —			
a. Dizziness?	1 ☐	2 ☐	35
b. Nausea?	1 ☐	2 ☐	36
c. Diarrhea?	1 ☐	2 ☐	37
d. Feeling sickly?	1 ☐	2 ☐	38
e. Abdominal pain?	1 ☐	2 ☐	39
In the past 12 months, have you had a lot of trouble with —			
f. Abdominal gas?	1 ☐	2 ☐	40
g. Chest or heart pain?	1 ☐	2 ☐	41
h. Fainting spells?	1 ☐	2 ☐	42
i. Pain in the joints?	1 ☐	2 ☐	43
j. Pain in your arms and legs, other than in the joints?	1 ☐	2 ☐	44
In the past 12 months, have you had a lot of trouble with —			
k. Vomiting?	1 ☐	2 ☐	45
l. Weakness?	1 ☐	2 ☐	46
m. Backaches?	1 ☐	2 ☐	47
n. Headaches?	1 ☐	2 ☐	48
o. Nervousness or anxiety?	1 ☐	2 ☐	49
In the past 12 months, have you had a lot of trouble with —			
p. Feeling tense or keyed up?	1 ☐	2 ☐	50
q. Feeling sad, blue or depressed?	1 ☐	2 ☐	51
r. Pain when you urinate or pass your water?	1 ☐	2 ☐	52

CHECK ITEM 2	*Mark appropriate box.*	1 ☐ Completed by interviewer 2 ☐ Completed by respondent	53

Notes