Belly Pain

Please respond to each question or statement by marking one box.

In the past 7 days…

1 GISX78	How often did you have belly pain?

- ☐ 1 Never → **If Never, go to #5**
- ☐ 2 One day
- ☐ 3 2-6 days
- ☐ 4 Once a day
- ☐ 5 More than once a day

2 GISX79	At its worst, how would you rate your belly pain?

- ☐ 1 Not bad at all
- ☐ 2 A little bad
- ☐ 3 Somewhat bad
- ☐ 4 Quite bad
- ☐ 5 Very bad

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In the past 7 days…

3 GISX90	How much did belly pain interfere with your day-to-day activities?

- ☐ 1 Not at all
- ☐ 2 A little bit
- ☐ 3 Somewhat
- ☐ 4 Quite a bit
- ☐ 5 Very much

4 GISX91	How much did belly pain bother you?

- ☐ 1 Not at all
- ☐ 2 A little bit
- ☐ 3 Somewhat
- ☐ 4 Quite a bit
- ☐ 5 Very much

5 GISX92	How often did you have discomfort in your belly?

- ☐ 1 Never
- ☐ 2 Rarely
- ☐ 3 Sometimes
- ☐ 4 Often
- ☐ 5 Always

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