Gastrointestinal Nausea and Vomiting

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

In the past 7 days…

1 GISX49	How often did you have nausea—that is, a feeling like you could vomit?

- ☐ 1 Never → **If Never, go to #3**
- ☐ 2 Rarely
- ☐ 3 Sometimes
- ☐ 4 Often
- ☐ 5 Always

2 GISX52	How often did you know that you would have nausea before it happened?

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

3 GISX55	How often did you have a poor appetite?

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

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In the past 7 days…

4 GISX59	How often did you throw up or vomit?

- ☐ 1 Never
- ☐ 2 One day
- ☐ 3 2-6 days
- ☐ 4 Once a day
- ☐ 5 More than once a day

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