Thank you for helping us with this research. This questionnaire contains detailed questions about your stomach problems, and how they are affecting you and your life. Some of the questions are quite personal, but the information you provide will be treated with confidentiality and sensitivity.
In the table below, please **WRITE NUMBERS** to indicate the frequency, intensity, and bothersomeness of any stomach problems you have had in the last TWO WEEKS. The diagram on the front page shows your "UPPER ABDOMEN" - please look at this diagram when answering items about problems with your "UPPER ABDOMEN".

<table>
<thead>
<tr>
<th>DURING THE LAST TWO WEEKS, DID YOU HAVE ANY OF THE FOLLOWING STOMACH PROBLEMS?</th>
<th>How OFTEN did you have it?</th>
<th>If you had this problem, how INTENSE was it usually?</th>
<th>If you had this problem, how BOTHERSOME was it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAIN OR ACHE IN UPPER ABDOMEN</td>
<td>0 = Not at all 1 = One to four days 2 = Five to eight days 3 = Nine to twelve days 4 = Every day / almost every day</td>
<td>0 = Not at all 1 = Very mild 2 = Mild 3 = Moderate 4 = Severe 5 = Very severe</td>
<td>0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely</td>
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<tr>
<td>DISCOMFORT IN UPPER ABDOMEN</td>
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<tr>
<td>BURNING SENSATION IN UPPER ABDOMEN</td>
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<td>BURNING SENSATION IN CHEST (HEARTBURN)</td>
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<td>CRAMPS IN UPPER ABDOMEN</td>
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<td>PAIN OR ACHE IN CHEST</td>
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<td>INABILITY TO FINISH A REGULAR MEAL</td>
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<td>BITTER / SOUR TASTING FLUID THAT COMES UP INTO YOUR MOUTH OR THROAT</td>
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<td>FULLNESS AFTER EATING OR SLOW DIGESTION</td>
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<td>PRESSURE IN UPPER ABDOMEN</td>
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<td>BLOATING IN UPPER ABDOMEN</td>
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<td>NAUSEA</td>
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<tr>
<td>BURPING / BELCHING</td>
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<td>VOMITING</td>
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<tr>
<td>BAD BREATH</td>
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</tbody>
</table>
1. Have your stomach problems (remember, this means pain, discomfort or other problems in your upper abdomen) been interfering with your daily activities during the last 2 weeks?

   1  STOMACH PROBLEMS DID NOT INTERFERE WITH USUAL ACTIVITIES
   2  STOMACH PROBLEMS DISTRACTED ME FROM MY USUAL ACTIVITIES
   3  STOMACH PROBLEMS PREVENTED MY USUAL ACTIVITIES
   4  STOMACH PROBLEMS HAVE REQUIRED BEDREST

2. Have you felt UPSET or ANNOYED in the last 2 weeks by not being able to adequately CONTROL or CURE your stomach problems?

   1   NOT AT ALL OR NOT APPLICABLE (my symptoms are adequately controlled or cured)
   2   A LITTLE
   3   MODERATELY
   4   QUITE A LOT
   5   EXTREMELY

3. Have you felt UPSET or ANNOYED in the last 2 weeks by NOT KNOWING what CAUSES your stomach problems?

   1   NOT AT ALL OR NOT APPLICABLE (I know what causes my stomach problems)
   2   A LITTLE
   3   MODERATELY
   4   QUITE A LOT
   5   EXTREMELY

IN THE NEXT QUESTIONS, "DRINKING" MEANS BOTH NON-ALCOHOLIC DRINKS (SOFT DRINKS, JUICE, MILK, WATER, TEA, COFFEE, ETC) AND ALCOHOLIC DRINKS (WINE, BEER, SPIRITS, ETC). PLEASE THINK ABOUT ALL THESE TYPES OF DRINKS WHEN ANSWERING THE NEXT THREE QUESTIONS.

4. Has your ABILITY to EAT or DRINK (including when, what, and how much) been disturbed by your stomach problems in the last 2 weeks?

   1   NOT AT ALL
   2   A LITTLE
   3   MODERATELY
   4   QUITE A LOT
   5   EXTREMELY
QUESTIONS ASKING ABOUT "STOMACH PROBLEMS" REFER TO PAIN, DISCOMFORT, OR OTHER PROBLEMS WITH YOUR UPPER ABDOMEN.

5. Did you CHANGE YOUR DIET because of your stomach problems in the last 2 weeks?
   1. NOT AT ALL
   2. A LITTLE
   3. MODERATELY
   4. QUITE A LOT
   5. EXTREMELY

6. In the last 2 weeks, have your stomach problems disturbed your ENJOYMENT of EATING and/or DRINKING (including your appetite, and how you feel afterwards)?
   1. NOT AT ALL
   2. A LITTLE
   3. MODERATELY
   4. QUITE A LOT
   5. EXTREMELY

7. Has your ABILITY to SLEEP been disturbed by your stomach problems in the last 2 weeks?
   1. NOT AT ALL
   2. A LITTLE
   3. MODERATELY
   4. QUITE A LOT
   5. EXTREMELY

8. Has the QUALITY of your SLEEP been disturbed by your stomach problems in the last 2 weeks?
   1. NOT AT ALL
   2. A LITTLE
   3. MODERATELY
   4. QUITE A LOT
   5. EXTREMELY

9. Has your ABILITY to WORK or STUDY been disturbed by your stomach problems in the last 2 weeks?
   1. NOT AT ALL OR NOT APPLICABLE (I do not work or study)
   2. A LITTLE
   3. MODERATELY
   4. QUITE A LOT
   5. EXTREMELY

10. Has your ENJOYMENT of WORK or STUDY been disturbed by your stomach problems in the last 2 weeks?
    1. NOT AT ALL OR NOT APPLICABLE (I have not worked or studied in the last 2 weeks)
    2. A LITTLE
    3. MODERATELY
    4. QUITE A LOT
    5. EXTREMELY
11. Excluding work or study, has your ABILITY to perform your usual daily tasks (like housework, yard work, or other necessary activities of everyday life) been disturbed by your stomach problems in the **last 2 weeks**?

1   NOT AT ALL  
2   A LITTLE    
3   MODERATELY 
4   QUITE A LOT 
5   EXTREMELY 

12. Excluding work or study, has your ENJOYMENT of your usual daily tasks (like housework, yard work, or other necessary activities of everyday life) been disturbed by your stomach problems in the **last 2 weeks**?

1   NOT AT ALL  
2   A LITTLE    
3   MODERATELY 
4   QUITE A LOT 
5   EXTREMELY 

13. Has your ENJOYMENT of time spent with FRIENDS or other SOCIAL ACTIVITIES been disturbed by your stomach problems in the **last 2 weeks**?

1   NOT AT ALL OR NOT APPLICABLE  
2   A LITTLE    
3   MODERATELY 
4   QUITE A LOT 
5   EXTREMELY 

14. Has your ABILITY to engage in things you usually do for LEISURE (like recreation, going out, hobbies, sports) been disturbed by your stomach problems in the **last 2 weeks**?

1   NOT AT ALL  
2   A LITTLE    
3   MODERATELY 
4   QUITE A LOT 
5   EXTREMELY 

15. Has your ENJOYMENT of things you usually do for LEISURE (like recreation, going out, hobbies, sports) been disturbed by your stomach problems in the **last 2 weeks**?

1   NOT AT ALL OR NOT APPLICABLE (I have not been able to do any of these things in the past 2 weeks)  
2   A LITTLE    
3   MODERATELY 
4   QUITE A LOT 
5   EXTREMELY
16. Has your GENERAL EMOTIONAL WELL-BEING been disturbed by your stomach problems in the last 2 weeks?

1. NOT AT ALL
2. A LITTLE
3. MODERATELY
4. QUITE A LOT
5. EXTREMELY

17. Have you been ANXIOUS, NERVOUS, or WORRIED in the last 2 weeks because of your stomach problems?

1. NOT AT ALL
2. A LITTLE
3. MODERATELY
4. QUITE A LOT
5. EXTREMELY

18. Have you been DEPRESSED, SAD, or MISERABLE in the last 2 weeks because of your stomach problems?

1. NOT AT ALL
2. A LITTLE
3. MODERATELY
4. QUITE A LOT
5. EXTREMELY

19. Have you been IRRITABLE, TENSE or FRUSTRATED in the last 2 weeks because of your stomach problems?

1. NOT AT ALL
2. A LITTLE
3. MODERATELY
4. QUITE A LOT
5. EXTREMELY

20. Have you felt HELPLESS or LACKING EMOTION or MOTIVATION in the last 2 weeks because of your stomach problems?

1. NOT AT ALL
2. A LITTLE
3. MODERATELY
4. QUITE A LOT
5. EXTREMELY

21. Have you had DIFFICULTY THINKING or CONCENTRATING in the last 2 weeks because of your stomach problems?

1. NOT AT ALL
2. A LITTLE
3. MODERATELY
4. QUITE A LOT
5. EXTREMELY
22. Have you WONDERED whether your stomach problems might be due to a very SERIOUS illness (such as cancer or a heart problem), in the last 2 weeks?

1. ALMOST NEVER
2. SOMETIMES
3. FAIRLY OFTEN
4. VERY OFTEN
5. ALWAYS

23. Have you WONDERED whether you will ALWAYS have these stomach problems, in the last 2 weeks?

1. ALMOST NEVER
2. SOMETIMES
3. FAIRLY OFTEN
4. VERY OFTEN
5. ALWAYS

24. Have you felt TIRED, WEAK OR LOW IN ENERGY in the last 2 weeks because of your stomach problems?

1. NOT AT ALL
2. A LITTLE
3. MODERATELY
4. QUITE A LOT
5. EXTREMELY

25. Has your OVERALL HEALTH been affected by your stomach problems in the last 2 weeks?

1. NOT AT ALL
2. A LITTLE
3. MODERATELY
4. QUITE A LOT
5. EXTREMELY
26. Please rate the following items according to their importance in determining the QUALITY OF YOUR LIFE. Take your time, and think carefully about each item. Use the following scale:

1 = Not at all important  
2 = Somewhat important  
3 = Moderately important  
4 = Very important  
5 = Extremely important

GENERALLY, HOW IMPORTANT IN DETERMINING THE QUALITY OF YOUR LIFE IS: (Rate 1 - 5 as above)

A) UNDERSTANDING THE CAUSE and ability to CONTROL the stomach problems ........................................

B) EATING OR DRINKING (when, what, how much, and being able to enjoy it) ........................................

C) SLEEP ..................................................................................................................................................

D) WORK (or study, if a student) ..............................................................................................................

E) USUAL DAILY TASKS, like housework, yardwork, and other necessary activities of everyday life (excluding work or study) .................................................................

F) Spending time with FRIENDS, and other SOCIAL activities ............................................................

G) Things you usually do for LEISURE (like recreation, going out, hobbies, sports) .................................

H) Your EMOTIONAL state ..................................................................................................................

I) Your ability to THINK and CONCENTRATE .....................................................................................

J) CONSIDERING your illness (for example, "it could be cancer" or "it may never get better") ..............

K) Your ENERGY levels and how generally WELL you feel .................................................................
Weighting code

Groups of items:

A  Q2, Q3
B  Q4, Q5, Q6
C  Q7, Q8
D  Q9, Q10
E  Q11, Q12
F  Q13
G  Q14, Q15
H  Q16, Q17, Q18, Q19, Q20
I  Q21
J  Q22, Q23
K  Q24, Q25

Scoring the NDI

The method described below derives from the first analysis of data obtained from Australian and New Zealand sites. Methods for symptom items are scored separately from questions which represent the quality of life.

Symptoms

Additive model. Score = Frequency+ Intensity+ Bothersomeness

Quality of life

1. Sum scores to compute the four sub-scales as follows
   - Interference:  1,9,10,11,12,13,14,15,16,19,20,21,25
   - Knowl/control: 2,3,17,18,22,23,24
   - Eat/drink:  4,5,6
   - Sleep disturb:  7,8

2. A zero to 100 scale can be derived as follows:
   - Let S be a raw score derived in (2)
   - Calculate S* = [S-min (S)]/ range (S)
   - S* will then be on the range 0-100

3. An approach to missing values on individual data items (questions): removal of cases with missing data on items within a sub-scale is recommended. A missing data item on one sub-scale would not require removal from computation for all sub-scales however.