

Additional file 1
Rome II Modular Questionnaire: Respondent Form

Question	Answer
Esophageal Symptoms	
1. In the last 3 months, did you often* get the feeling of a lump in your throat when you were <i>not</i> swallowing?	<input type="checkbox"/> ₀ No or rarely → skip to question 3 <input type="checkbox"/> ₁ Yes
2. When you are eating or drinking, is it difficult to swallow, or does it hurt to swallow?	<input type="checkbox"/> ₀ No or rarely <input type="checkbox"/> ₁ Yes
3. In the last 3 months, did you often* bring up food, chew it again, and either spit it out or re-swallow it?	<input type="checkbox"/> ₀ No or rarely → skip to question 6 <input type="checkbox"/> ₁ Yes
4. At these times, did you vomit or feel sick to your stomach?	<input type="checkbox"/> ₀ No or rarely <input type="checkbox"/> ₁ Yes
5. Do you stop bringing up food when the food turns sour (acidic)?	<input type="checkbox"/> ₀ No or rarely <input type="checkbox"/> ₁ Yes
6. In the last 3 months, did you often* have pain in the middle of your chest (that is not due to angina or a heart attack)?	<input type="checkbox"/> ₀ No or rarely → skip to question 8 <input type="checkbox"/> ₁ Yes
7. Did this chest pain occur when it felt like food got stuck going down?	<input type="checkbox"/> ₀ No or rarely <input type="checkbox"/> ₁ Yes
8. In the last 3 months, did you often* have heartburn, a burning pain or discomfort in your chest ((that is not due to angina or a heart attack)?	<input type="checkbox"/> ₀ No or rarely <input type="checkbox"/> ₁ Yes
9. In the last 3 months, did you often* have difficulty after swallowing (solid or liquids sticking in your chest, or passing down normally)?	<input type="checkbox"/> ₀ No or rarely <input type="checkbox"/> ₁ Yes
<ul style="list-style-type: none"> <i>Often</i> means that the symptoms were present during at least 3 weeks (at least one day in each week) in the last 3 months. 	

Question	Answer	
Gastroduodenal symptoms		
10. In the last 3 months, did you often* have discomfort or pain centered in your upper abdomen (above your belly button, or in the pit of your stomach)?	<input type="checkbox"/> No or rarely → <input type="checkbox"/> Yes	skip to question 15
11. Check your best description of this symptom or the one that bothers your most	<input type="checkbox"/> <i>pain</i> in your→ abdomen or stomach <input type="checkbox"/> <i>discomfort</i> (that is not painful) in your upper abdomen or stomach	skip to question 13
12. If you have discomfort, which of the following describe your discomfort? (check all that apply)	<input type="checkbox"/> nausea <input type="checkbox"/> bloating (a sensation of upper abdominal swelling) <input type="checkbox"/> feeling full after eating very little <input type="checkbox"/> none of the above	
13. Does your upper abdominal discomfort or pain usually get better or stop after you have a bowel movement?	<input type="checkbox"/> No or rarely <input type="checkbox"/> Yes	
14a. When the upper abdominal discomfort or pain starts, do you usually have a change in your usual number of bowel movements (either more or fewer)?	<input type="checkbox"/> No or rarely <input type="checkbox"/> Yes	
14b. When the upper abdominal discomfort or pain starts, do you usually have either softer or harder stools than usual?	<input type="checkbox"/> No or rarely <input type="checkbox"/> Yes	
15. In the last 3 months, did you often* burp or belch?	<input type="checkbox"/> No or rarely → <input type="checkbox"/> Yes	skip to question 17
16. Did you swallow air to help you belch?	<input type="checkbox"/> No or rarely <input type="checkbox"/> Yes	

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- *Often* means that the symptoms were present during at least 3 weeks (at least one day in each week) in the last 3 months.

Question	Answer	
17. In the last 3 months, did you have frequent episodes of vomiting (on at least 3 separate days in each week)?	<input type="checkbox"/> ₀ No or rarely → <input type="checkbox"/> ₁ Yes	skip to question 20
18. During these episodes, did you make yourself vomit?	<input type="checkbox"/> ₀ No or rarely → <input type="checkbox"/> ₁ Yes	skip to question 20
19. Were you vomiting because of a medication you were taking or another medical condition that you had?	<input type="checkbox"/> ₀ No or rarely <input type="checkbox"/> ₁ Yes	

Bowel Symptoms

20. In the last 3 months, did you <i>often</i> * have discomfort or pain in your abdomen?	<input type="checkbox"/> ₀ No or rarely→ <input type="checkbox"/> ₁ Yes	skip to question 24
21. Does your discomfort or pain get better or stop after you have a bowel movement?	<input type="checkbox"/> ₀ No or rarely <input type="checkbox"/> ₁ Yes	
22. When the discomfort or pain starts, do you have a change in your usual number of bowel movements (either more or fewer)?	<input type="checkbox"/> ₀ No or rarely <input type="checkbox"/> ₁ Yes	
23. When the discomfort or pain starts, do you have either softer or harder stools than usual?	<input type="checkbox"/> ₀ No or rarely <input type="checkbox"/> ₁ Yes	

Often means that the symptoms were present during at least 3 weeks (at least one day in each week) in the last 3 months

24. Have you had any of the following symptoms at least one forth (1/4) of the time (occasions or days) in the last 3 months?(check all that apply).

- ☐₁ Fewer than three bowel movements a week(0-2)
- ☐₂ More than three bowel movements a day (4 or more)
- ☐₃ Hard or lumpy stools
- ☐₄ loose, mushy or watery stools
- ☐₅ Straining during a bowel movement
- ☐₆ Having to rush to the toilet to have a bowel movement
- ☐₇ Feeling of incomplete emptying after a bowel movement
- ☐₈ Passing mucus (slime) during a bowel movement
- ☐₉ Abdominal fullness, bloating or swelling
- ☐₁₀ A sensation that the stool cannot be passed (i.e. blocked) when having a bowel movement
- ☐₁₁ A need to press on or around your bottom or vagina to try to remove stool in order to complete the bowel movement.

25. In the last 3 months, did you have loose, mushy or watery stools, during more than three quarters (3/4) of your bowel movements?

- ☐₀ No
- ☐₁ Yes

Abdominal Pain Symptoms

26. In the last 6 months, did you have pain in your abdomen all the time (continuously) or most of the time (nearly continuously)? *(if you are female, this should not be related to your menstrual cycle or period)*

- ☐₀ No→
- ☐₁ Yes

Skip to question 28

27. Has this pain limited or restricted your ability to work or go to social events?

- ☐₀ No or rarely
 - ☐₁ Yes
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Often means that the symptoms were present during at least 3 weeks (at least one day in each week) in the last 3 months

Question

Answer

Biliary Symptoms

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| 28. In the last year, did you have any severe steady pain in the middle or right side of your upper abdomen? | <input type="checkbox"/> ₀ No or rarely
<input type="checkbox"/> ₁ Yes | Skip to question 33 |
| 29. Did the pain last 30 minutes or more? | <input type="checkbox"/> ₀ No or rarely
<input type="checkbox"/> ₁ Yes | |
| 30. Did the pain keep you from your usual daily activities, or cause you to see a doctor? | <input type="checkbox"/> ₀ No or rarely
<input type="checkbox"/> ₁ Yes | |
| 31. Have you had your gallbladder removed? | <input type="checkbox"/> ₀ No
<input type="checkbox"/> ₁ Yes | Skip to question 33 |
| 32. Did you have any severe or steady pain in the middle or right side of your abdomen since your gallbladder was removed? | <input type="checkbox"/> ₀ No or rarely
<input type="checkbox"/> ₁ Yes | |

Anorectal symptoms

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| 33. In the last year, when you had constipation or diarrhoea, did you accidentally leak or pass stool for more than one occasion in a month? | <input type="checkbox"/> ₀ No→
<input type="checkbox"/> ₁ Yes | Skip to question 35 |
| 34. How much stool did you accidentally lose. Would you say..... | <input type="checkbox"/> ₁ A small amount (it stains underwear)
<input type="checkbox"/> ₂ A moderate or large amount (2 teaspoons or more. | |

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| 35. In the last year, did you have more than one episode of aching pain or pressure in the anal canal or rectum? | <input type="checkbox"/> ₀ No→
<input type="checkbox"/> ₁ Yes | Skip to question 38 |
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| 36. Did this pain occur frequently or continuously in the last 3 months? | <input type="checkbox"/> ₀ No
<input type="checkbox"/> ₁ Yes | |
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Often means that the symptoms were present during at least 3 weeks (at least one day in each week) in the last 3 months

Question	Answer
37. Which of the following 2 statements better describes the aching, pain, or pressure that you had in the anal canal or rectum?	<input type="checkbox"/> ₁ Lasts from seconds to minutes and disappears completely. <input type="checkbox"/> ₂ Lasts more than 20 minutes and up to several days or longer.
38. In the last 3 months, when you were having bowel movements, did you... (check all that apply)	<input type="checkbox"/> ₁ Feel as if you had to strain to pass your.... stool at least one quarter of the time <input type="checkbox"/> ₂ Feel as if you were unable to empty the rectum at least one quarter of the time <input type="checkbox"/> ₃ Have difficulty relaxing or letting go to allow the stool to come out at least one quarter of the time <input type="checkbox"/> ₄ None of the above

End of Questionnaire
