

Appendix A: GIQLI Survey Questionnaire

The Gastrointestinal Quality of Life Index (GIQLI)

Please circle one choice for each question.

1. How often during the past 2 weeks have you had pain in the abdomen?

- a. All of the time
- b. Most of the time
- c. Some of the time
- d. A little of the time
- e. Never

2. How often during the past 2 weeks have you had a feeling of fullness in the upper abdomen?

- a. All of the time
- b. Most of the time
- c. Some of the time
- d. A little of the time
- e. Never

3. How often during the past 2 weeks have you had bloating (sensation of too much gas in the abdomen)?

- a. All of the time
- b. Most of the time
- c. Some of the time
- d. A little of the time
- e. Never

4. How often during the past 2 weeks have you been troubled by excessive passage of gas through the anus?

- a. All of the time
- b. Most of the time
- c. Some of the time
- d. A little of the time
- e. Never

5. How often during the past 2 weeks have you been troubled by strong burping or belching?

- a. All of the time
- b. Most of the time
- c. Some of the time
- d. A little of the time
- e. Never

6. How often during the past 2 weeks have you been troubled by gurgling noises from the abdomen?

- a. All of the time
- b. Most of the time
- c. Some of the time
- d. A little of the time
- e. Never

7. How often during the past 2 weeks have you been troubled by frequent bowel movements?

- a. All of the time
- b. Most of the time
- c. Some of the time
- d. A little of the time
- e. Never

8. How often during the past 2 weeks have you found eating to be a pleasure?

- a. All of the time
- b. Most of the time
- c. Some of the time
- d. A little of the time
- e. Never

9. Because of your illness, to what extent have you restricted the kinds of food you eat?

- a. Very much
- b. Much
- c. Somewhat
- d. A little
- e. Not at all

10. During the past 2 weeks, how well have you been able to cope with everyday stresses?

- a. Extremely poorly
- b. Poorly
- c. Moderately
- d. Well
- e. Extremely well

11. How often during the past 2 weeks have you been sad about being ill?

- a. All of the time
- b. Most of the time
- c. Some of the time
- d. A little of the time
- e. Never

12. How often during the past 2 weeks have you been nervous or anxious about your illness?

- a. All of the time
- b. Most of the time
- c. Some of the time
- d. A little of the time
- e. Never

13. How often during the past 2 weeks have you been happy with life in general?

- a. Never
- b. A little of the time
- c. Some of the time
- d. Most of the time
- e. All of the time

14. How often during the past 2 weeks have you been frustrated about your illness?

- a. All of the time
- b. Most of the time
- c. Some of the time
- d. A little of the time
- e. Never

15. How often during the past 2 weeks have you been tired or fatigued?

- a. All of the time
- b. Most of the time
- c. Some of the time
- d. A little of the time
- e. Never

16. How often during the past 2 weeks have you felt unwell?

- a. All of the time
- b. Most of the time
- c. Some of the time
- d. A little of the time
- e. Never

17. Over the past week, have you woken up in the night?

- a. Every night
- b. 5-6 nights
- c. 3-4 nights
- d. 1-2 nights
- e. Never

18. Since becoming ill, have you been troubled by changes in your appearance?

- a. A great deal
- b. A moderate amount
- c. Somewhat
- d. A little bit
- e. Not at all

19. Because of your illness, how much physical strength have you lost?

- a. A great deal
- b. A moderate amount
- c. Somewhat
- d. A little bit
- e. Not at all

20. Because of your illness, to what extent have you lost your endurance?

- a. A great deal
- b. A moderate amount
- c. Somewhat
- d. A little bit
- e. Not at all

21. Because of your illness, to what extent do you feel unfit?

- a. Extremely unfit
- b. Moderately unfit
- c. Somewhat unfit
- d. A little unfit
- e. Fit

22. During the past 2 weeks, how often have you been able to complete your normal daily activities (school, work, household)?

- a. All of the time
- b. Most of the time
- c. Some of the time
- d. A little of the time
- e. Never

23. During the past 2 weeks, how often have you been able to take part in your usual patterns of leisure or recreational activities?

- a. All of the time
- b. Most of the time
- c. Some of the time
- d. A little of the time

- e. Never

24. During the past 2 weeks, how much have you been troubled by the medical treatment of your illness?

- a. Very much
- b. Much
- c. Somewhat
- d. A little
- e. Not at all

25. To what extent have your personal relations with people close to you (family or friends) worsened because of your illness?

- a. Very much
- b. Much
- c. Somewhat
- d. A little
- e. Not at all

26. To what extent has your sexual life been impaired (harmed) because of your illness?

- a. Very much
- b. Much
- c. Somewhat
- d. A little
- e. Not at all

27. How often during the past 2 week, have you been troubled by fluid or food coming up into your mouth (regurgitation)?

- a. All of the time
- b. Most of the time
- c. Some of the time
- d. A little of the time
- e. Never

28. How often during the past 2 weeks have you felt uncomfortable because of your slow speed of eating?

- a. All of the time
- b. Most of the time
- c. Some of the time
- d. A little of the time
- e. Never

29. How often during the past 2 weeks have you had trouble swallowing your food?

- a. All of the time
- b. Most of the time
- c. Some of the time
- d. A little of the time
- e. Never

30. How often during the past 2 weeks have you been troubled by urgent bowel movements?

- a. All of the time
- b. Most of the time
- c. Some of the time
- d. A little of the time
- e. Never

31. How often during the past 2 weeks have you been troubled by diarrhea?

- a. All of the time
- b. Most of the time

- c. Some of the time
- d. A little of the time
- e. Never

32. How often during the past 2 weeks have you been troubled by constipation?

- a. All of the time
- b. Most of the time
- c. Some of the time
- d. A little of the time
- e. Never

33. How often during the past 2 weeks have you been troubled by nausea?

- a. All of the time
- b. Most of the time
- c. Some of the time
- d. A little of the time
- e. Never

34. How often during the past 2 weeks have you been troubled by blood in the stool?

- a. All of the time
- b. Most of the time
- c. Some of the time
- d. A little of the time
- e. Never

35. How often during the past 2 weeks have you been troubled by heartburn?

- a. All of the time
- b. Most of the time
- c. Some of the time
- d. A little of the time
- e. Never

36. How often during the past 2 weeks have you been troubled by uncontrolled stools?

- a. All of the time
- b. Most of the time
- c. Some of the time
- d. A little of the time
- e. Never

Appendix B: Supplement Compliance Subject Log

The Effect of Probiotic Supplementation on Gastrointestinal Quality of Life Study

Supplement Compliance Subject Log

Subject Number	
Age	
Gender (M/F)	
Height (feet/inches)	
Weight (pounds)	

Instructions: Please indicate, by marking an (X), the days of the week that you successfully took your Puritan's Pride probiotic supplement.

Week #1

Date: _____ to _____

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7

Number of **missed days** of supplementation for the week: _____

Number of **compliant days** of supplementation for the week: _____

Comments:

Week #2

Date: _____ to _____

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7

Number of **missed days** of supplementation for the week: _____

Number of **compliant days** of supplementation for the week: _____

Comments:

Week #3

Date: _____ to _____

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7

Number of **missed days** of supplementation for the week: _____

Number of **compliant days** of supplementation for the week: _____

Comments:

Week #4

Date: _____ to _____

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7

Number of **missed days** of supplementation for the week: _____

Number of **compliant days** of supplementation for the week: _____

Comments:

Week #5

Date: _____ to _____

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7

Number of **missed days** of supplementation for the week: _____Number of **compliant days** of supplementation for the week: _____**Comments:****Week #6**

Date: _____ to _____

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7

Number of **missed days** of supplementation for the week: _____Number of **compliant days** of supplementation for the week: _____**Comments:****Week #7**

Date: _____ to _____

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7

Number of **missed days** of supplementation for the week: _____Number of **compliant days** of supplementation for the week: _____**Comments:****Week #8**

Date: _____ to _____

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7

Number of missed days of supplementation for the week: _____

Number of compliant days of supplementation for the week: _____

Comments: