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
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 weeks, 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

<table>
<thead>
<tr>
<th>Subject Number</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>Gender (M/F)</td>
<td></td>
</tr>
<tr>
<td>Height (feet/inches)</td>
<td></td>
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<tr>
<td>Weight (pounds)</td>
<td></td>
</tr>
</tbody>
</table>
**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 ______

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
<th>Day 7</th>
</tr>
</thead>
</table>

Number of **missed days** of supplementation for the week: ________
Number of **compliant days** of supplementation for the week: ____________
Comments:

**Week #2**
Date: _____ to ______

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
<th>Day 7</th>
</tr>
</thead>
</table>

Number of **missed days** of supplementation for the week: ________
Number of **compliant days** of supplementation for the week: ____________
Comments:

**Week #3**
Date: _____ to ______

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
<th>Day 7</th>
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</thead>
</table>

Number of **missed days** of supplementation for the week: ________
Number of **compliant days** of supplementation for the week: ____________
Comments:

**Week #4**
Date: _____ to ______

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
<th>Day 7</th>
</tr>
</thead>
</table>

Number of **missed days** of supplementation for the week: ________
Number of **compliant days** of supplementation for the week: ____________
Comments:


<table>
<thead>
<tr>
<th>Week #5</th>
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<td>Day 1</td>
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<td>Day 4</td>
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<td>Day 6</td>
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Number of **missed days** of supplementation for the week: ________
Number of **compliant days** of supplementation for the week: ____________
Comments:

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<td>Day 4</td>
<td>Day 5</td>
<td>Day 6</td>
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Number of **missed days** of supplementation for the week: ________
Number of **compliant days** of supplementation for the week: ____________
Comments:

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Number of **missed days** of supplementation for the week: ________
Number of **compliant days** of supplementation for the week: ____________
Comments:

<table>
<thead>
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<th>Week #8</th>
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<td>Day 1</td>
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<td>Day 6</td>
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</tbody>
</table>

Number of **missed days** of supplementation for the week: ________
Number of **compliant days** of supplementation for the week: ____________
Comments: