

BOSS Quality of Life Questionnaire

Site:	Investigator:
Patient Trial Number: BS	Date of birth: dd / mm / yyyy
Baseline QoL <input type="checkbox"/> (tick if appropriate or provide the date of Endoscopy)	Date of Endoscopy: dd / mm / yyyy

We would like to ask you some questions about how your current health and about the effects that heartburn and indigestion have had on you. Please answer the following questions as best you can.

Your own health state today

By placing a tick in one box in each group below, please indicate which statement best describes your own health state today. **Do not tick more than one box in each group.**

Mobility

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

Self-Care

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

Usual activities (e.g. work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

Pain/Discomfort

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

Anxiety/Depression

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed



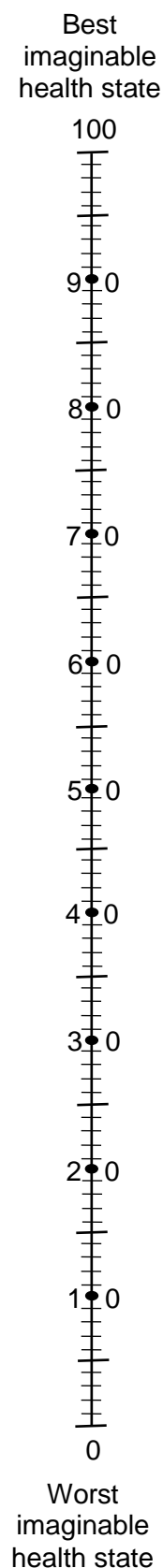
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We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

**Your own
health state
today**



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Current Health Questionnaire

Are you taking the following medications for indigestion/heartburn?			Dose	Duration [i.e. months/yrs]
	No	Yes		
Antacid (e.g. magnesium trisilicate, gaviscon)	<input type="checkbox"/>	<input type="checkbox"/>		
Zantac (Ranitidine)	<input type="checkbox"/>	<input type="checkbox"/>		
Tagamet (Cimetidine)	<input type="checkbox"/>	<input type="checkbox"/>		
Losec (omeprazole)	<input type="checkbox"/>	<input type="checkbox"/>		
Nexium (esomeprazole)	<input type="checkbox"/>	<input type="checkbox"/>		
Protium (pantoprazole)	<input type="checkbox"/>	<input type="checkbox"/>		
Pariet (rabeprazole)	<input type="checkbox"/>	<input type="checkbox"/>		
Axid (nizatidine)	<input type="checkbox"/>	<input type="checkbox"/>		
Pepcid AC (famotidine)	<input type="checkbox"/>	<input type="checkbox"/>		
Zoton (lansoprazole)	<input type="checkbox"/>	<input type="checkbox"/>		
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>		

Over the last 3 months have you				
1. Had to have any time off work because of heartburn / indigestion?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/> (specify)..... days
2. Had to visit your GP because of heartburn / indigestion?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/> (specify).....visits
3. Had to visit a specialist because of heartburn / indigestion?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/> (specify)..... visits
4. Been admitted to hospital because of heartburn / indigestion?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/> (specify)..... admissions
i. How many days did you spend in hospital because of heartburn / indigestion?days				

Have you experienced a serious illness in the last year?

YES NO

Please could you give us some brief details, below?

**Are you currently?
(please circle one option)**

In employment retired seeking work carer home

other (please specify).....

Date you completed this questionnaire dd / mm / yyyy

Please return this questionnaire in the enclosed envelope

BOSS Trial Office use only

Date Received dd / mm / yyyy