Form for Albania

1. How old are you? ...(years)

2. What is your gender? Male female

3. How many years of studies have you completed? ...(years)

4. Do you live in:
   a. A city (more than 50,000 inhabitants)
   b. A town (less than 50,000 inhabitants)
   c. A village or a small town (less than 2500 inhabitants)
   d. In a place that is neither part of a city, town or village

5. What is your height (in cm)? .......... 
6. Do you know how much do you weigh? If yes, please complete in kilograms .......... 

7. In the last three months, how often did you feel any pain in any part of your abdomen?
   - Never
   - Less than 1 day/month
   - 1 day a month
   - 2-3 days a month
   - 1 day a month
   - 2-3 days a week
   - Most of the days
   - Every day
   - Many times a day or continuously

8. There are more than 6 months since you have this pain?
   - Yes
   - No

9. In which part of your abdomen did you feel the pain? Please check on the figure.
10. Is the abdominal pain released or impaired by defecation? (% of cases with pain)

0% Never ○ 10% ○ 20% ○ 30% ○ 40% ○ 50% ○ 60% ○ 70% ○ 80% ○ 90% ○ 100% Always

11. How often your feces were softer or harder than they usually are, when you had this pain? (% cases of pain)

0% Never ○ 10% ○ 20% ○ 30% ○ 40% ○ 50% ○ 60% ○ 70% ○ 80% ○ 90% ○ 100% Always

12. How often did happened to defecate more often or rarer as usual, since you have this pain? (% cases with pain)

0% Never ○ 10% ○ 20% ○ 30% ○ 40% ○ 50% ○ 60% ○ 70% ○ 80% ○ 90% ○ 100% Always

13. In the last 3 months, when you had abnormal feces, how did they look like:
   - Usually constipation (type 1 or 2)
   - Usually diarrhea (type 6 or 7)
   - Both diarrhea and constipation (more than ¼ were diarrhea and more than ¼ were constipation)
   - Cannot say, because very rare or never had abnormal feces.

14. In the last 3 months, how often did you have hard feces, like type 1 or 2 on the table below?

0% Never ○ 10% ○ 20% ○ 30% ○ 40% ○ 50% ○ 60% ○ 70% ○ 80% ○ 90% ○ 100% Always

15. In the last 3 months, how often did you defecate less than three times a week, without taking any laxative medication and/or enema:
16. In the last 3 months, how often did you feel like you didn’t eliminate everything after defecating?

0% Never ○ 10% ○ 20% ○ 30% ○ 40% ○ 50% ○ 60% ○ 70% ○ 80% ○ 90% ○ 100% Always

17. Did your symptoms from question 14-16 begin prior 6 months?
- Yes
- No

18. In the last 3 months, how often did you had soft or liquid feces, like type 6 or 7 from the table provided before?

0% Never ○ 10% ○ 20% ○ 30% ○ 40% ○ 50% ○ 60% ○ 70% ○ 80% ○ 90% ○ 100% Always

19. There are more than 6 months since you began to eliminate liquid feces more often?
- Yes
- No

20. In the last 3 months, how often did you notice bloating or that your abdomen is bigger than usual?
- Never
- Less than 1 day/month
- 1 day a month
- 2-3 days a month
- 1 day a month
- 2-3 days a week
- Most of the days
- Every day
- Many times a day or continuously

21. There are more than 6 months since you have the feeling of bloating or that your abdomen is bigger than usual?
- Yes
- No

22. Which of these did bothered you more in the last 3 months?
- Abdominal pain
- Watery stools or having a stool many times a day
- Hard feces or days when you did not have a stool
- Bloating or your abdomen seemed to be larger
23. When you had the abdominal pain, how often you had to stop or to limit your normal activities (ex. working, chores, social events)?

- 0% Never
- 10% 20%
- 30% 40%
- 50% 60%
- 70% 80%
- 90% 100% Always

24. Have you ever been diagnosed by any doctor with one or more of these problems?
   - Irritable bowel syndrome
   - Gastroesophageal reflux
   - Functional dyspepsia
   - Chronic constipation
   - Diabetes
   - Celiac disease
   - Diverticulitis
   - Inflammatory bowel disease
   - Cancer (any part of your digestive system: stomach, esophagus, bowel)
   - Fibromyalgia

25. Do you have any parent or siblings that had one or more of these conditions? Check all that fit with your answer:
   - Cancer of the esophagus, stomach or bowel
   - Crohn disease or ulcerative colitis
   - Celiac disease

Have you ever had a colonoscopy? If yes, for what reason? ................................................

26. Does the stress, the pressure or tense situations have any effects on your bowel functions?
   - Not at all
   - Have some effect
   - Have a lot of effect

27. Generally, you can say that your health situation is:
   - perfect
   - very good
   - good
   - satisfactory
   - week

28. Generally, you can affirm that the quality of your life is:
   - perfect
   - very good
   - good
   - satisfactory
29. **FOR WOMEN ONLY**: did you have any gynecological or obstetrical surgical intervention? If yes, please specify what.