

Supplementary Table 1. Patient attitudes to treatment

Statement	Agreement*
I want whatever works for the longest	84%
Better initial healing of my esophagus makes me hopeful that the treatment will resolve the problem	70%
If a treatment works more quickly, I am more likely to take it as advised	67%
I want whatever works fastest	62%
Fast healing is important to me	59%
I would welcome new treatment options	59%
If a treatment relieves symptoms quickly, I have more belief in its long-term efficacy	58%
I would like to be able to eat food without worry	56%
I would like a treatment with better long-lasting effect than proton pump inhibitors	53%
Reducing the need to include over-the-counter therapies would increase my satisfaction	48%
Desire to sleep without interruption from symptoms	47%
I would like to reduce my visits (due to my erosive esophagitis) to my clinician	40%
I don't like swapping between similar treatments	40%
Desire a treatment with better maintenance rates than proton pump inhibitors	36%
I am anxious about my symptoms returning	34%
Food-related dosing is burdensome	32%
I am frustrated that current options do not provide long-term relief	30%
I find life unpredictable and restricted because of symptoms	21%
Current options do not provide long-term relief	19%
Proton pump inhibitors don't relieve my symptoms quickly enough for me	18%
I worry about swallowing/choking when eating	18%

Base: All Patients (73)

Source: EE Patient Survey: C10. Please rate your agreement with the following statements regarding your erosive esophagitis

*Agreement indicated by scoring 6 or 7 on a 7 point scale where 1 is completely disagree and 7 is completely agree

Supplementary Table 2. Physician attitudes to treatment

Statement	Agreement*		
	Overall (n=251)	GI (n=102)	FP/GP (n=149)
It is important to have treatments that have strong initial <u>and</u> ongoing symptom relief	70%	71%	69%
Better initial symptom relief leads to increased adherence	67%	61%	71%
Fast symptom relief is a top priority for my patients	66%	66%	66%
Better initial symptom relief allows patients to return to their normal routine quickly	62%	56%	66%
Patients are more interested in increased quality of life versus healing of erosions	59%	61%	58%
A treatment with a new mechanism of action may help more patients	59%	63%	56%
Faster healing is important to me	58%	52%	62%
Patients want a therapy that lasts 24 hours	57%	59%	56%
I would welcome an alternative to proton pump inhibitor therapy for erosive esophagitis	57%	57%	56%
I would prefer a treatment with better long-term maintenance rates than current options offer	56%	55%	56%
Night-time symptoms are a significant concern for my patients	55%	60%	51%
New therapies are needed as many patients have continued symptoms	53%	57%	50%
Faster healing makes me believe that treatment will resolve the problem	49%	55%	46%
I would prefer a product that didn't have dosing requirements related to food	49%	50%	49%
A treatment with a new mechanism of action may excite my patients	48%	48%	48%
Current treatment options lack variety in their modes of action	47%	51%	45%
Having treatments tied to meals impacts overall effectiveness of the treatment	44%	42%	45%
A product that didn't require food-related dosing requirements would reduce importance of counseling on administration	41%	41%	42%
I believe that all proton pump inhibitors are the same	31%	30%	32%
I am satisfied with the current treatment options for my erosive esophagitis patients	28%	33%	25%

Base: Physicians (251)

Source: Physician Survey: DQ2ai. Please rate your agreement with the following statements regarding erosive esophagitis

*Agreement indicated by scoring 6 or 7 on a 7 point scale where 1 is completely disagree and 7 is completely agree

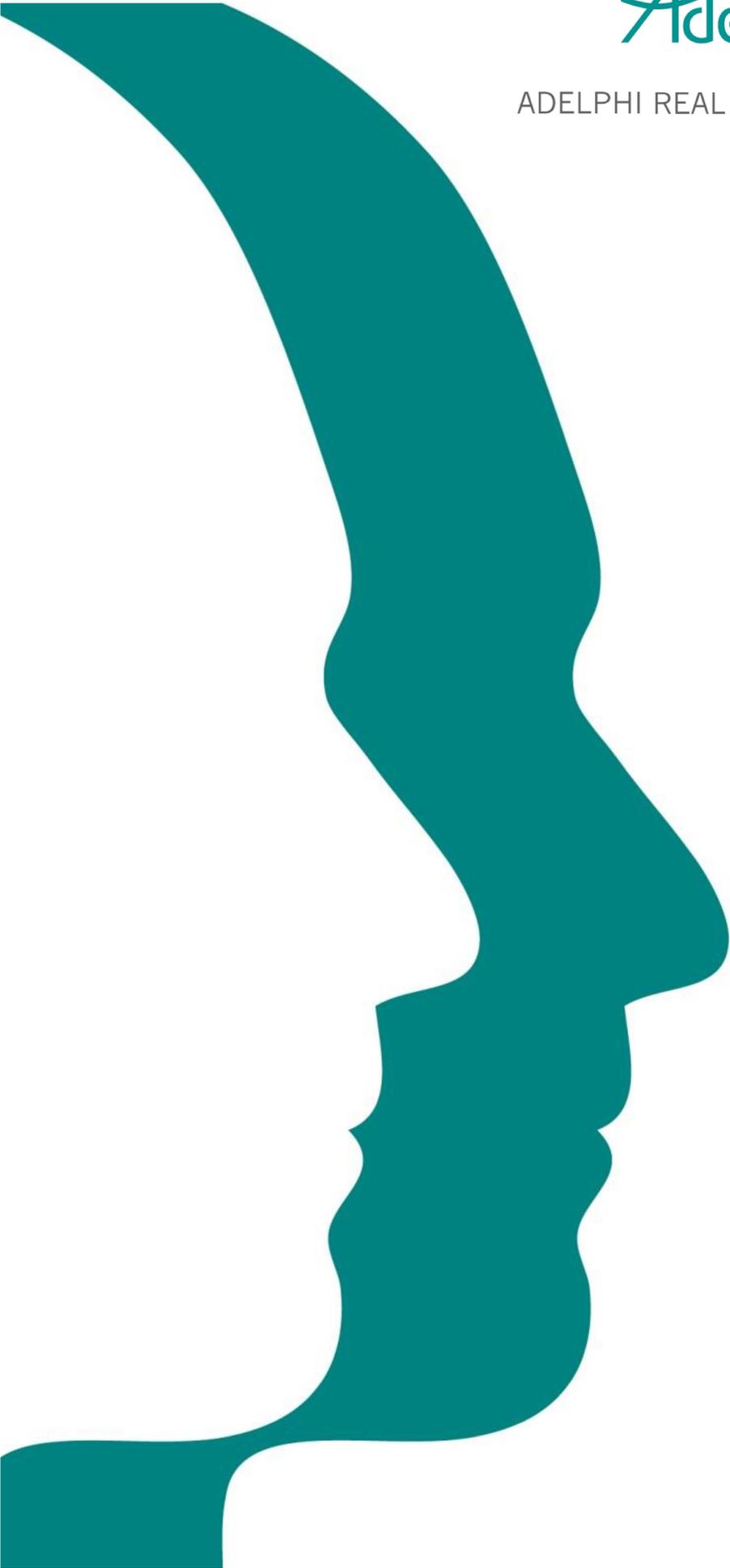
GP, general practitioner; FP, family physician



ADELPHI REAL WORLD



Leadership in
Real World Evidence



**PHYSICIAN SURVEY
FORM**

SCREENER



Thank you for agreeing to participate in this research survey conducted by Adelphi Real World on behalf of a pharmaceutical company. Adelphi Real World would like everybody to be completely honest with their views and everything you say will be treated in total confidence.

The purpose of this survey is to understand and quantify symptomatic and treatment burden in erosive esophagitis and *Helicobacter pylori* infection and the data will be used to understand the experience of patients with these conditions. You will be asked a few questions to check your suitability for participation, and if you are eligible, you will be given a thorough overview of the survey and asked if you would like to participate.

We will comply with all national laws protecting your personal data and with relevant guidelines including ESOMAR, EphMRA and all other relevant national codes of practice. The aim of this research is to gain your views and is not intended to be promotional and no one will try to sell you anything. All information provided will remain confidential and will only be reported to the commissioning client, combined with other respondent's data so there is no information that can identify you. Your private information will be shared with individuals and organizations that watch over this research, including:

- People who work with the research sponsor
- Government agencies, such as the Food and Drug Administration
- The Institutional Review Board (IRB) that reviewed this research

We protect your information from disclosure to others to the extent required by law. We cannot promise complete secrecy, so there is a small risk of loss of confidentiality. There will be no direct benefit to you for participating, but your participation may help researchers and other patients in the future.

We ask you to review and agree to the following statements:

- I confirm that I am happy to take part in this survey voluntarily and know that I may terminate the survey or withhold information if I so wish. I understand that I can withdraw my consent at any point. My alternative is not to participate, and my decision to not participate or to leave the survey will not result in any penalty or loss of benefits to which I am otherwise entitled.
- I understand that all data from this survey will only be used for research purposes.
- I confirm that if I am employed by a public entity, I have the necessary permission to participate in this survey.
- I understand that the screening process may involve profiling or segmenting and making decisions based on my answers e.g. specialty, workload.
- Adequate data protection measures will be put in place to comply with the Data Protection Laws of the country in which the survey takes place. For example, as determined by the: EU General Data Protection Legislation (GDPR); EU-US privacy shield <https://www.privacyshield.gov/list>.

SCREENER



By participating in the survey, you acknowledge and confirm you understand that all survey materials are proprietary to the survey owner and must not be used for any other purpose than participation in the survey or disclosed to any third party without the express written permission of the survey owner.

Are you happy to participate on this basis?

<input type="radio"/>	Yes
<input type="radio"/>	No

Q type	SC	VAR (DP USE ONLY)	PhyPrivQ	ARW STANDARD
Range				
Base	All			
Logic	If code 2 screen out			

SCREENER



RECONTACT

We may want to further explore your responses to some of the questions answered. Would you be prepared to be re-contacted by M3 to take part in further research to understand your answers?

<input type="radio"/>	Yes
<input type="radio"/>	No

Q type	SC	VAR (DP USE ONLY)	PhyRecontact	ARW STANDARD
Range				
Base	All			
Logic	List agencies to be used in Agency list provided in I:\Projects\Project folderTEMPLATES\XXXX MS Condition Wave Year\4 FW MATERIALS\1 Draft\6) Mats for programming. (Hyperlink to a file within this location)			

Your rights under Data Privacy Laws

- The European Union's General Data Protection Regulation (GDPR) and other countries' data privacy laws provide certain rights for data subjects. This consent form and Adelphi's privacy policy <http://www.adelphigroup.com/privacypolicy.pdf> provides information on how we collect and use (process) your personal data.
- In many countries, you have a right to access, modify or request deletion of your personal data and to lodge a complaint with the appropriate data protection authority if you have concerns about how your personal data is processed. Please see the recruitment agency's privacy policy <insert fieldwork agency's privacy policy link> and Adelphi's privacy policy <http://www.adelphigroup.com/privacypolicy.pdf> for details on how to exercise these rights, or contact us using the contact details shown in the Contacts section.
- Adelphi Real World will not retain your personal data for longer than is necessary. At the end of the research project Adelphi Real World will redact (remove) the personal data no longer required for the project. This means that most of the personal data collected during the research project is deleted and there is minimal personal data retained by Adelphi Real World. The recruitment agency may hold personal data about you as part of the management of their database or panel. Please consult the recruitment agency's privacy policy, their terms and conditions, or contact them directly, for further details of the personal data they hold.

Are you happy to participate on this basis?

<input type="radio"/>	Yes
<input type="radio"/>	No

Q type	SC	VAR (DP USE ONLY)	PhyLegislation	ARW STANDARD
Range				
Base				
Logic	If code 2 screen out List agencies to be used in Agency list provided in I:\Projects\Project folderTEMPLATES\XXXX MS Condition Wave Year\4 FW MATERIALS\1 Draft\6) Mats for programming. (Hyperlink to a file within this location) Programming to check correct with External Resource Manager at point of programming			

SCREENER



Thank you for completing the screening questions; you are invited to participate in this survey. This comprises of different elements:

An online **survey** (lasting no longer than 30 minutes), capturing your attitudes and experiences of managing erosive esophagitis and *Helicobacter pylori*.

Online **Case Report Forms** (lasting 15 minutes each) to be completed for...

- 1-4 patients, comprising of up to:
 - 2 patients with erosive esophagitis
 - 2 patients with *Helicobacter pylori* who also has dyspepsia, or has had in the last three months

EE patient inclusion criteria

- Between 18-75 years of age
- Must have a confirmed diagnosis of EE (ICD 10 code of K21.0 gastro-esophageal reflux disease with esophagitis)
- Currently being treated with PPIs for EE

H. pylori with past/present dyspepsia patient inclusion criteria

- Between 18-75 years of age
- Must have a confirmed diagnosis of *H. pylori* (ICD 10 code of B96.81 helicobacter pylori [h. pylori] as the cause of diseases classified elsewhere) and a past or present dyspepsia diagnosis (pain or discomfort centered in the upper abdomen lasting at least 2 weeks)
- Currently being treated with a PPI combination for *H. pylori* with past/present dyspepsia (or has been treated in the last 3 months)

Patient exclusion criteria (EE and *H. pylori* with past/present dyspepsia)

- Diagnosed with an untreated psychiatric disorder
- Diagnosed with memory problems

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Patient Surveys (online questionnaire)

All patients must complete a patient survey before you complete a Case Report Form

- **DO NOT PROVIDE A CASE REPORT FORM FOR PATIENTS WHO HAVE NOT COMPLETED A PATIENT SURVEY QUESTIONNAIRE**
- Patient participation is voluntary and you should not assist them when completing the questionnaires
- Questionnaires should be completed anonymously
- It is important that we obtain as many corresponding patient surveys and case report forms as possible

Upon completion of this survey, you will receive the agreed reimbursement in appreciation of your time and cooperation.

Every possible step is taken to ensure confidentiality; however, there is always a minimal risk remaining that confidentiality may be lost. Whilst you personally are unlikely to benefit directly from participating in the survey, your participation will lead to general knowledge about treating the condition / disease area.

Your participation is voluntary, and your alternative is not to participate. If you choose not to participate or leave the survey after agreeing to participate, there will be no penalty or loss of benefits to which you are otherwise entitled (based on your input into the survey at the point that you leave).

Your information may also be shared with the Institutional Review Board (IRB) overseeing this research.

Click [here](#) to view our statement regarding data protection, privacy, invisible processing and ways to contact us.

Click [here](#) to view information regarding the IRB approval for this survey.

Would you like to participate in this survey?

<input type="radio"/>	Yes
<input type="radio"/>	No

Q type	SC	VAR (DP USE ONLY)	PhyParticipate	ARW STANDARD
Range				
Base	All			
Logic	If code 2 (No) selected - screen out after S4.			



SCREENER

POP UP PRIVACY STATEMENT

Adelphi Real World would like to thank you for taking part in this research survey.

All information provided will remain confidential and will only be reported combined with other respondent's data so there is no information which can identify you. We will not send you unsolicited mail or pass your personal data to a third party.

Your co-operation is voluntary at all times. No personal information is sought from or about you, without your prior knowledge and agreement. You are entitled at any stage of the survey, or subsequently, to ask that part or all of your survey record be destroyed or deleted. Wherever reasonable and practical we will carry out such a request.

We automatically capture information about your device, presence of Flash, operating system, web browser type, web browser version and screen resolution in order to deliver a survey best suited to your software. We do no other invisible processing of data from your computer.

Your survey responses are collected, stored or processed by our service providers, both within and outside the European Economic Area (EEA). They are contractually bound to keep any information confidential and must protect it with security standards and practices that are equivalent to our own.

Your rights under Data Privacy Laws

- The European Union's General Data Protection Regulation (GDPR) and other countries' data privacy laws provide certain rights for data subjects. This consent form and Adelphi's privacy policy <http://www.adelphigroup.com/privacypolicy.pdf> provides information on how we collect and use (process) your personal data.
- In many countries, you have a right to access, modify or request deletion of your personal data and to lodge a complaint with the appropriate data protection authority if you have concerns about how your personal data is processed. Please see the recruitment agency's privacy policy <http://www.adelphigroup.com/privacypolicy.pdf> for details on how to exercise these rights, or contact us using the contact details shown in the Contacts section.
- Adelphi Real World will not retain your personal data for longer than is necessary. At the end of the research project Adelphi Real World will redact (remove) the personal data no longer required for the project. This means that most of the personal data collected during the research project is deleted and there is minimal personal data retained by Adelphi Real World. The recruitment agency may hold personal data about you as part of the management of their database or panel. Please consult the recruitment agency's privacy policy, their terms and conditions, or contact them directly, for further details of the personal data they hold.



SCREENER

TO CONTACT US – ALL COUNTRIES

In case of further queries, to access, modify or delete your personal data or if you wish to withdraw your consent at any time, please contact the survey team (fieldwork agency) who enrolled you:

Recruitment agency

Contact Recruitment agency: **<INSERT CONTACT DETAILS OF RECRUITMENT AGENCY Address Email & Telephone>**

501 Office Center Drive, Suite 410, Fort Washington, PA 19034

LMeckes@M3Global.com

Tel: +1.202.293.1622

Read Recruitment agency's privacy policy: **<insert link>**

Adelphi Real World

You can contact Adelphi Real World at: arw-compliance@adelphigroup.com

You can find out more about Adelphi Real World at www.adelphirealworld.com

You can read Adelphi Real World's Privacy Policy here:

<http://www.adelphigroup.com/privacypolicy.pdf>

You can read Adelphi Real World California Consumer Privacy Statement at

<https://www.adelphigroup.com/ccpa.pdf>



SCREENER

POP UP STATEMENT – IRB APPROVAL

This research is being overseen by an Institutional Review Board ('IRB'). An IRB is a group of people who perform independent review of research studies. You may talk to them at +1 (800) 562-4789, help@wirb.com if:

- You have questions, concerns, or complaints that are not being answered by the research team.
- You are not getting answers from the research team.
- You cannot reach the research team.
- You want to talk to someone else about the research.
- You have questions about your rights as a research subject.

PROTOCOL # PM8909



SCREENER

SCREENER

S1. What is your primary specialty?

Please select one response

1	<input type="radio"/>	Gastroenterology
2	<input type="radio"/>	Family medicine
3	<input type="radio"/>	General practice
4	<input type="radio"/>	Other

Q type	SC	VAR (DP use only)	
Range			
Base	ALL		
Logic	Screen out if code 4		

S2. Have you completed the 'Study of Acid Related Disorders' (SOARD) survey before?

Please select one response

<input type="radio"/>	Yes
<input type="radio"/>	No

Q type	SC	VAR (DP use only)	
Range			
Base	ALL		
Logic	Screen out if code 1 selected		

S3. Please **estimate** your patient caseloads for the following groups **per month**:

Please provide an estimate relating to your standard caseload prior to the COVID-19 pandemic.

Please enter an **estimated** number into each column. Don't worry about providing an exact figure from your records, please just estimate.

	a. Your total patient caseload per month	b. Number of active patients diagnosed with erosive esophagitis under your care per month	c. Number of active patients diagnosed with <i>Helicobacter pylori</i> with past/present dyspepsia under your care per month
Number of patients:	_____	_____	_____

SCREENER



Q type	SC	VAR (DP use only)	
Range	a. 0-2000 b. 0-200 c. 0-200		
Base	ALL		
Logic	S3a should be more than or equal to S3b + c If code 1 selected at S1: Screen out if both S3b and S3c < 10 If code 2 or 3 selected at S1: Screen out if both S3b and S3c < 5		

S4. Considering the patients you currently manage, what percentage are currently taking part in a clinical trial?

Please enter a percentage

	%	percentage are currently taking part in a clinical trial
--	---	--

Q type	Numeric	VAR (DP use only)	PhyClinicalTrials_Percent	ARW STANDARD
Range	0-100%			
Base	ALL			
Logic	Screen out if >/= 40%			

S5. Are you responsible for making treatment decisions for patients with erosive esophagitis or *Helicobacter pylori* with past/present dyspepsia under your care?

Please select one response

		Erosive esophagitis	<i>Helicobacter pylori</i> with past/present dyspepsia
1	Yes	<input type="radio"/>	<input type="radio"/>
2	No	<input type="radio"/>	<input type="radio"/>

Q type	SC	VAR (DP use only)	
Range			
Base	ALL		
Logic	Screen out if code 2		

S6. In what year did you qualify for your primary specialty?

Please select one response

1	<input type="radio"/>	Before 1980
2	<input type="radio"/>	1980-1990
3	<input type="radio"/>	1991-2000
4	<input type="radio"/>	2001-2010
5	<input type="radio"/>	2011- 2016
6	<input type="radio"/>	After 2016

SCREENER



Q type	SC	VAR (DP use only)	
Range			
Base	ALL		
Logic	Screen out if code 1 or 6		

S7. In which state(s) are you licensed to practice medicine?

Please select all that apply

1	<input type="checkbox"/>	Show 50 other states
2	<input type="checkbox"/>	Maine
3	<input type="checkbox"/>	Vermont

Q type	MC	VAR (DP use only)	
Range			
Base	ALL		
Logic	Screen out if code 2 and 3		

S8. In which state do you reside?

Please select one response

1	<input type="radio"/>	Show 50 other states
2	<input type="radio"/>	Maine
3	<input type="radio"/>	Vermont

Q type	SC	VAR (DP use only)	
Range			
Base	ASK ONLY IF S6 IS INDIANA, DISTRICT OF COLUMBIA, OR LOUISIANA		
Logic	Screen out if code 2 and 3		

INTRODUCTION



INTRODUCTION

This survey is designed to capture your views and experiences of managing erosive esophagitis and *Helicobacter pylori* with past/present dyspepsia.

The survey will cover the following areas:

- A. YOUR DETAILS
- B. YOUR ASSESSMENT OF PATIENTS
- C. YOUR TREATMENT PREFERENCES
- D. FURTHER TREATMENT INFORMATION
- E. MANAGEMENT GOALS & PRODUCT PERCEPTIONS
- F. THE FUTURE OF TREATMENT MANAGEMENT

END OF SECTION



SECTION A

SECTION A: YOUR DETAILS

Please provide the following details about yourself:

AQ1. Sex?

Please select one response

<input type="radio"/>	Male
<input type="radio"/>	Female
<input type="radio"/>	Prefer not to say

Q type	SC. OE for code 3	VAR (DP use only)	PhyGender	ARW STANDARD
Range				
Base	ALL			
Logic				

AQ2. What percentage of your ambulatory care / outpatients do you see in each of the following settings?

Please enter a percentage

Hospital	%
Office/consulting room	%
Other	%
Total	<auto>%

Q type	Numeric	VAR (DP use only)	PracticePatPercent Hosp / Office / Other	ARW STANDARD
Range	0 – 100%			
Base	All			
Logic	Autosum totals. Percentages must total 100%, if not please state "Please ensure the sum of your answers equals 100%"			

AQ3. Clinical trials experience in erosive esophagitis or *Helicobacter pylori* with past/present dyspepsia?

Please select one response

<input type="radio"/>	Currently involved in clinical trials
<input type="radio"/>	Have been involved in clinical trials, but not currently
<input type="radio"/>	Never been involved in clinical trials

Q type	SC	VAR (DP use only)	PhyClinicalTrialsExp	ARW STANDARD
Range				
Base	All			
Logic				



SECTION A

AQ4. What percentage of erosive esophagitis patients under your care would you classify as...

Please enter a percentage

LA Grade A - ≥ 1 mucosal breaks, ≤ 5 mm, do not extend between the tops of mucosal folds	___%
LA Grade B - ≥ 1 mucosal breaks, >5 mm, do not extend between the tops of 2 mucosal folds	___%
LA Grade C - Mucosal breaks that extend between the tops of ≥ 2 mucosal folds but involve $<75\%$ of the esophageal circumference	___%
LA Grade D - Mucosal breaks that involve $\geq 75\%$ of the esophageal circumference	___%
Unknown	___%
Total (must sum to 100%)	<autosum>

Q type	Numeric	VAR (DP use only)	
Range	0-100		
Base	ALL		
Logic	Autosum totals. Percentages must total 100%, if not please state "Please ensure the sum of your answers equals 100%"		

AQ5a Please indicate the proportion of your patients with *Helicobacter pylori* who experience dyspepsia as a symptom:

Please enter a percentage. If none of your patients experience dyspepsia as a symptom, please enter 0

	Indicate %
Dyspepsia symptoms	_____%

Q type	Numeric	VAR (DP use only)	
Range	0-100		
Base	ALL		
Logic			

AQ5b. Please indicate the proportion of your patients with *Helicobacter pylori* with dyspepsia who experience dyspepsia symptoms:

Please enter a percentage

	Indicate %
Daily	_____%
Multiple times per week	_____%
Less than once a week	_____%
	Autosum totals

Q type	Numeric	VAR (DP use only)	
Range	0-100		
Base	Ask if a proportion $>0\%$ indicated at AQ5a		
Logic	Autosum totals. Percentages must total 100%, if not please state "Please ensure the sum of your answers equals 100%"		



SECTION A

AQ5c. Please rate the severity of **dyspepsia** experienced by your patients who have *Helicobacter pylori* with past/present dyspepsia

Please enter a percentage

	Proportion of patients
Mild	___%
Moderate	___%
Severe	___%
	<autosum>

Q type	Numeric	VAR (DP use only)	
Range	0-100		
Base	Ask if a proportion >0% indicated at AQ5a		
Logic	Autosum totals. Percentages must total 100%, if not please state "Please ensure the sum of your answers equals 100%"		

Thinking specifically about the patients who have visited you in the past month:

AQ6 What percentage of patients with erosive esophagitis or *Helicobacter pylori* with past/present dyspepsia that have visited you in the past month were:

Please enter a percentage

Total must equal 100%

	Erosive esophagitis	<i>Helicobacter pylori</i> with past/present dyspepsia
Diagnosed by a primary care clinician (i.e. non-specialist) and referred to you for treatment	___%	___%
Diagnosed by another specialist and referred to you for treatment	___%	___%
Diagnosed and treated solely by you	___%	___%
Diagnosed by you and referred to another specialist for treatment	___%	___%
Other (e.g. treatment is co-managed by you and another specialist or with a primary care physician, or any other management approach)	___%	___%
Total	<auto>%	<auto>%

Q type:	Numeric.	VAR (DP use only)	
Range:	0 – 100%		
Routing/base:	All		
Edit/logic:	Percentages must total 100% per column, if not please state "Please ensure the sum of your answers equals 100%"		

END OF SECTION



SECTION B

SECTION B: SYMPTOMS

BQ1. From the list below, please indicate and rank the 5 features you believe interfere most with erosive esophagitis (EE) patients' quality of life. Patients are split into groups based on severity of EE -- LA Grade A/B ("mild" EE) and LA Grade C/D ("severe" EE).

Please rank 5 symptoms, starting with the most bothersome symptom

		Erosive esophagitis patients	
		LA Grade A/B	LA Grade C/D
1	None	<input type="radio"/>	<input type="radio"/>
2	Abdominal discomfort/pain – right upper	<input type="checkbox"/>	<input type="checkbox"/>
3	Abdominal discomfort/pain – below breastbone	<input type="checkbox"/>	<input type="checkbox"/>
4	Abdominal discomfort/pain – left upper	<input type="checkbox"/>	<input type="checkbox"/>
5	Burning sensation behind breastbone (sternum) / heartburn	<input type="checkbox"/>	<input type="checkbox"/>
6	Bleeding	<input type="checkbox"/>	<input type="checkbox"/>
7	Bloating	<input type="checkbox"/>	<input type="checkbox"/>
8	Chest discomfort/pain	<input type="checkbox"/>	<input type="checkbox"/>
9	Coughing	<input type="checkbox"/>	<input type="checkbox"/>
10	Difficulty swallowing (Dysphagia)	<input type="checkbox"/>	<input type="checkbox"/>
11	Nausea	<input type="checkbox"/>	<input type="checkbox"/>
12	Painful swallowing (Odynophagia)	<input type="checkbox"/>	<input type="checkbox"/>
13	Regurgitation	<input type="checkbox"/>	<input type="checkbox"/>
14	Sleep problems	<input type="checkbox"/>	<input type="checkbox"/>
15	Sore throat	<input type="checkbox"/>	<input type="checkbox"/>
16	Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
17	Weight loss	<input type="checkbox"/>	<input type="checkbox"/>
18	Hoarseness / Difficulty Speaking	<input type="checkbox"/>	<input type="checkbox"/>
19	Burping	<input type="checkbox"/>	<input type="checkbox"/>
20	Choking	<input type="checkbox"/>	<input type="checkbox"/>

Q type:	SC/Ranking	VAR (DP use only)		
Range:				
Routing/base:	All			
Edit/logic:	5 options only per column, consecutive numbering 1-5			

BQ2. What are the 5 symptoms you find the hardest to treat for your erosive esophagitis (EE) patients based on severity of EE? Patients are split into groups based on severity of EE -- LA Grade A/B ("mild" EE) and LA Grade C/D ("severe" EE).

Please select 5 symptoms, starting with the hardest-to-treat

		Erosive esophagitis patients	
		LA Grade A/B	LA Grade C/D
1	None	<input type="radio"/>	<input type="radio"/>
2	Abdominal discomfort/pain – right upper	<input type="checkbox"/>	<input type="checkbox"/>
3	Abdominal discomfort/pain – below breastbone	<input type="checkbox"/>	<input type="checkbox"/>
4	Abdominal discomfort/pain – left upper	<input type="checkbox"/>	<input type="checkbox"/>
5	Burning sensation behind breastbone (sternum) / heartburn	<input type="checkbox"/>	<input type="checkbox"/>
6	Bleeding	<input type="checkbox"/>	<input type="checkbox"/>



SECTION B

7	Bloating	<input type="checkbox"/>	<input type="checkbox"/>
8	Chest discomfort/pain	<input type="checkbox"/>	<input type="checkbox"/>
9	Coughing	<input type="checkbox"/>	<input type="checkbox"/>
10	Difficulty swallowing (Dysphagia)	<input type="checkbox"/>	<input type="checkbox"/>
11	Nausea	<input type="checkbox"/>	<input type="checkbox"/>
12	Painful swallowing (Odynophagia)	<input type="checkbox"/>	<input type="checkbox"/>
13	Regurgitation	<input type="checkbox"/>	<input type="checkbox"/>
14	Sleep problems	<input type="checkbox"/>	<input type="checkbox"/>
15	Sore throat	<input type="checkbox"/>	<input type="checkbox"/>
16	Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
17	Weight loss	<input type="checkbox"/>	<input type="checkbox"/>
18	Hoarseness / Difficulty Speaking	<input type="checkbox"/>	<input type="checkbox"/>
19	Burping	<input type="checkbox"/>	<input type="checkbox"/>
20	Choking	<input type="checkbox"/>	<input type="checkbox"/>

Q type:	SC/Ranking	VAR (DP use only)	
Range:			
Routing/base:	All		
Edit/logic:	5 options only per column, consecutive numbering 1-5		

BQ3. Overall, based on your experience, what percentage of your patients do you feel are satisfied with the symptom relief they can achieve with current treatment options?

Please enter a percentage

	% satisfied
Erosive esophagitis	____%
<i>Helicobacter pylori</i> with past/present dyspepsia	____%

Q type:	Numeric	VAR (DP use only)	
Range:	0-100		
Routing/base:	All		
Edit/logic:			

SECTION C



SECTION C: TREATMENT PREFERENCES

CQ1a. Which therapy would you typically use first and then second for newly diagnosed patients with erosive esophagitis and for patients with *Helicobacter pylori* with dyspepsia?

Please select one response per column

Erosive esophagitis treatments	1 st	2 nd	1 st	2 nd
Omeprazole	<input type="radio"/>	<input type="radio"/>		
Lansoprazole	<input type="radio"/>	<input type="radio"/>		
Sucralfate	<input type="radio"/>	<input type="radio"/>		
Baclofen	<input type="radio"/>	<input type="radio"/>		
Rabeprazole	<input type="radio"/>	<input type="radio"/>		
Pantoprazole	<input type="radio"/>	<input type="radio"/>		
Esomeprazole	<input type="radio"/>	<input type="radio"/>		
Dexlansoprazole	<input type="radio"/>	<input type="radio"/>		
Cimetidine	<input type="radio"/>	<input type="radio"/>		
Nizatidine	<input type="radio"/>	<input type="radio"/>		
Famotidine	<input type="radio"/>	<input type="radio"/>		
Antacids	<input type="radio"/>	<input type="radio"/>		
<i>Helicobacter pylori</i> treatments				
Prevpac [®]			<input type="radio"/>	<input type="radio"/>
Omeclamox-pak			<input type="radio"/>	<input type="radio"/>
Talicia [®]			<input type="radio"/>	<input type="radio"/>
Pylera [®]			<input type="radio"/>	<input type="radio"/>
Helidac [®]			<input type="radio"/>	<input type="radio"/>
Clarithromycin/Amoxicillin/proton pump inhibitor			<input type="radio"/>	<input type="radio"/>
Clarithromycin/Metronidazole/proton pump inhibitor			<input type="radio"/>	<input type="radio"/>
Clarithromycin/Tinidazole/proton pump inhibitor			<input type="radio"/>	<input type="radio"/>
Rifabutin/Amoxicillin/proton pump inhibitor			<input type="radio"/>	<input type="radio"/>
Levofloxacin/Amoxicillin/proton pump inhibitor			<input type="radio"/>	<input type="radio"/>
Bismuth Subsalicylate/Amoxicillin/proton pump inhibitor			<input type="radio"/>	<input type="radio"/>
High dose Amoxicillin (≥3g/day) /proton pump inhibitor (at least t.i.d.)			<input type="radio"/>	<input type="radio"/>
proton pump inhibitor, a fluoroquinolone, and a nitroimidazole			<input type="radio"/>	<input type="radio"/>
proton pump inhibitor, levofloxacin, nitazoxanide, doxycycline			<input type="radio"/>	<input type="radio"/>
Bismuth Subsalicylate/ Tetracycline HCL/Metronidazole/proton pump inhibitor			<input type="radio"/>	<input type="radio"/>
Bismuth Subsalicylate/Doxycycline/ Metronidazole/ proton pump inhibitor			<input type="radio"/>	<input type="radio"/>
Clarithromycin/Amoxicillin/Metronidazole/proton pump inhibitor			<input type="radio"/>	<input type="radio"/>
Tetracycline HCL/Metronidazole/proton pump inhibitor			<input type="radio"/>	<input type="radio"/>
Bismuth Subsalicylate/Tetracycline HCL/proton pump inhibitor			<input type="radio"/>	<input type="radio"/>
Clarithromycin/Amoxicillin/a nitroimidazole/proton pump inhibitor			<input type="radio"/>	<input type="radio"/>
Tetracycline HCL/ a nitroimidazole /proton pump inhibitor			<input type="radio"/>	<input type="radio"/>

SECTION C



	SC per column	VAR (DP use only)		
Range				
Routing/base	All			
Edit/logic	If selected in first column, that option cannot be selected in column 2.			

CQ1b. In what proportion of your patients do you estimate a second line of therapy (therapy prescribed following failure of first treatment) is required?

Please enter a percentage

	Enter proportion of patients requiring a 2 nd line of therapy
Erosive esophagitis	_____ %
<i>Helicobacter pylori</i> with dyspepsia	_____ %

Q type	Numeric	VAR (DP use only)		
Range	0-100			
Routing/base	All			
Edit/logic				



SECTION C

CQ2. Why is <show product selected as 1st choice in CQ1> your preferred 1st line choice for <the condition>?

- a) Erosive esophagitis
- b) *Helicobacter pylori* with dyspepsia

Please select all that apply

	Erosive esophagitis	<i>Helicobacter pylori</i> with dyspepsia
Speed of onset	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance of effect	<input type="checkbox"/>	<input type="checkbox"/>
Initial symptom relief	<input type="checkbox"/>	<input type="checkbox"/>
Safety	<input type="checkbox"/>	<input type="checkbox"/>
Patient preference	<input type="checkbox"/>	<input type="checkbox"/>
Mode of action	<input type="checkbox"/>	<input type="checkbox"/>
Mode of administration	<input type="checkbox"/>	<input type="checkbox"/>
Familiarity / experience	<input type="checkbox"/>	<input type="checkbox"/>
Impact on patient quality of life	<input type="checkbox"/>	<input type="checkbox"/>
Price	<input type="checkbox"/>	<input type="checkbox"/>
Coverage by insurance	<input type="checkbox"/>	<input type="checkbox"/>
Coverage by payer	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Q type	MC + specify (text)	VAR (DP use only)		
Range				
Routing/base	All			
Edit/logic	EE and HP questions to show on separate screens Replace <the condition> with the condition at a or b a) show product selected as 1st choice for EE at CQ1a b) show product selected as 1st choice for HP with dyspepsia at CQ1a			

ADHERENCE TO TREATMENT

CQ3a. Please estimate the proportion of your erosive esophagitis patients that do the following when they are in the healing phase

Please rate each statement, from 1 (none); to 5 (all patients)

	1 None	2 Some patients	3 About 50% of patients	4 Most patients	5 All patients
i Take their medication as instructed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ii Independently decide to increase the frequency of their dose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iii Independently decide to decrease the frequency of their dose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iv Forget to take their medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v Fail to complete the recommended duration of their treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION C



Q type:	SC	VAR (DP use only)		
Range:				
Routing/base:	All			
Edit/logic:	If code 5 selected at CQ3ai then hide rows ii-v			

CQ3b. Please estimate the proportion of your erosive esophagitis patients that do the following when on maintenance

Please rate each statement, from 1 (none); to 5 (all patients)

	1 None	2 Some patients	3 About 50% of patients	4 Most patients	5 All patients
i Take their medication as instructed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ii Independently decide to increase the frequency of their dose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iii Independently decide to decrease the frequency of their dose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iv Forget to take their medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v Fail to complete the recommended duration of their treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q type:	SC	VAR (DP use only)		
Range:				
Routing/base:	All			
Edit/logic:	If code 5 selected at CQ3bi then hide rows ii-v			

CQ3c. Please estimate the proportion of your patients with *Helicobacter pylori* with past/present dyspepsia that do the following

Please rate each statement, from 1 (none); to 5 (all patients)

	1 None	2 Some patients	3 About 50% of patients	4 Most patients	5 All patients
i Take their medication as instructed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ii Independently decide to increase the frequency of their medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iii Independently decide to decrease the frequency of their medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iv Forget to take their medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v Fail to complete the recommended duration of their treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q type:	SC	VAR (DP use only)		
Range:				
Routing/base:	All			
Edit/logic:	If code 5 selected at CQ3ci then hide rows ii-v			

SECTION C



CQ4a. Based on your interactions with patients with erosive esophagitis or *Helicobacter pylori* with past/present dyspepsia, please rank the top 3 reasons for patients changing their dosing frequency without your knowledge.

Please rank the top 3 reasons for not adhering to treatment schedule

	a) Erosive esophagitis	b) <i>Helicobacter pylori</i> with past/present dyspepsia
Patient feels treatment <u>is not</u> working	<input type="checkbox"/>	<input type="checkbox"/>
Patient feels treatment <u>is</u> working and they can therefore reduce their dose	<input type="checkbox"/>	<input type="checkbox"/>
Patient cannot tolerate the side effects associated with their treatment	<input type="checkbox"/>	<input type="checkbox"/>
Patients find the treatment burdensome or inconvenient	<input type="checkbox"/>	<input type="checkbox"/>
Patients find the treatment regimen difficult to follow	<input type="checkbox"/>	<input type="checkbox"/>
Patients are concerned with taking treatments for a long period of time	<input type="checkbox"/>	<input type="checkbox"/>
Patients feel they have to take the treatment too frequently	<input type="checkbox"/>	<input type="checkbox"/>
Patients can't afford the treatment	<input type="checkbox"/>	<input type="checkbox"/>

Q type:	Ranking	VAR (DP use only)		
Range:				
Routing/base:	Do not show CQ4_a if code 1 is selected at CQ3a_ii, CQ3a_iii, CQ3b_ii AND CQ3b_iii Do not show CQ4_b if code 1 is selected at CQ3c_ii AND CQ3c_iii			
Edit/logic:	3 options only per column, consecutive numbering 1-3			

CQ5. When do you discuss the importance of adhering to therapy according to the prescribed regimen?

Please select all that apply

	EE	HP	
1	<input type="checkbox"/>	<input type="checkbox"/>	At diagnosis
2	<input type="checkbox"/>	<input type="checkbox"/>	When initiating therapy
3	<input type="checkbox"/>	<input type="checkbox"/>	As a follow up discussion
4	<input type="checkbox"/>	<input type="checkbox"/>	During partial or complete loss of response
5	<input type="checkbox"/>	<input type="checkbox"/>	After substantial improvement in symptoms
6	<input type="checkbox"/>	<input type="checkbox"/>	At every consultation
7	<input type="radio"/>	<input type="radio"/>	I do not discuss the importance of continuing therapy with patients

Q type:	MC/SC	VAR (DP use only)		
Range:				
Routing/base:	All			
Edit/logic:				

END OF SECTION



SECTION D

SECTION D: TREATMENT SATISFACTION AND GOALS

DQ1a. What are your 5 most important treatment goals for your erosive esophagitis patients and your patients with *Helicobacter pylori* with past/present dyspepsia?

Select your top 5 starting with the most important

		i) Erosive esophagitis	ii) <i>Helicobacter pylori</i> with past/present dyspepsia
1	Preventing progression of the condition	<input type="checkbox"/>	<input type="checkbox"/>
2	Improving quality of life	<input type="checkbox"/>	<input type="checkbox"/>
3	Improvement in overall symptoms	<input type="checkbox"/>	<input type="checkbox"/>
4	Eradication of condition in one course of treatment		<input type="checkbox"/>
5	Evidence of mucosal healing by...	a) Endoscopic confirmation	<input type="checkbox"/>
		b) Endoscopic and histological examination	<input type="checkbox"/>
6	Reduction in epigastric pain	<input type="checkbox"/>	
7	Reduction in dyspepsia		<input type="checkbox"/>
8	Reduction in discomfort/pain from heartburn	<input type="checkbox"/>	
9	Reduction in sleep disruptions due to nighttime symptoms	<input type="checkbox"/>	<input type="checkbox"/>
10	Limit use of antibiotics		<input type="checkbox"/>
11	Increased ability to eat certain foods	<input type="checkbox"/>	<input type="checkbox"/>
12	Increasing ability to travel	<input type="checkbox"/>	<input type="checkbox"/>
13	Reducing the number of treatment changes	<input type="checkbox"/>	<input type="checkbox"/>
14	Reducing the number of hospital stays	<input type="checkbox"/>	<input type="checkbox"/>
15	Reducing the number of ER visits	<input type="checkbox"/>	<input type="checkbox"/>
16	Help patient return to work quickly	<input type="checkbox"/>	<input type="checkbox"/>
17	Maintenance of erosion healing	<input type="checkbox"/>	
18	Fast symptom relief	<input type="checkbox"/>	<input type="checkbox"/>
19	Reducing the risk of gastric cancer	<input type="checkbox"/>	<input type="checkbox"/>
20	Other	<input type="checkbox"/>	<input type="checkbox"/>
21	No goals	<input type="radio"/>	<input type="radio"/>

Q type:	SC/Ranking	VAR (DP use only)	
Range:			
Routing/base:	All		
Edit/logic:	Cannot select 5a & 5b concurrently 5 options only per column, consecutive numbering 1-5		



SECTION D

DQ1b. How well do you feel your treatment goals align with the patient's own treatment goals?

- a) Erosive esophagitis
b) *Helicobacter pylori* with past/present dyspepsia

Please select one response per patient type

	Highly aligned	Moderately aligned	Slightly aligned	Not aligned at all
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q type:	SC	VAR (DP use only)		
Range:				
Routing/base:	All			
Edit/logic:				

DQ1c. To what extent do you agree with the following statements?

Please rate how realistic you feel your erosive esophagitis/*Helicobacter pylori* with past/present dyspepsia patients' treatment goals are, where 1 = Completely disagree and 7 = Completely agree

	1	2	3	4	5	6	7
My erosive esophagitis patients' treatment goals are achievable with current treatment options	<input type="radio"/>						
My <i>Helicobacter pylori</i> with past/present dyspepsia patients' treatment goals are achievable with current treatment options	<input type="radio"/>						

Q type:	SC	VAR (DP use only)		
Range:				
Routing/base:	All			
Edit/logic:				

DQ1d. To what extent do you agree with the following statements?

Please rate how well you feel your erosive esophagitis/*Helicobacter pylori* with past/present dyspepsia patients understand their treatment goals, where 1 = Completely disagree and 7 = Completely agree

	1	2	3	4	5	6	7
My erosive esophagitis patients understand their treatment goals fully	<input type="radio"/>						
My <i>Helicobacter pylori</i> with past/present dyspepsia patients understand their treatment goals fully	<input type="radio"/>						

Q type:	SC	VAR (DP use only)		
Range:				
Routing/base:	All			
Edit/logic:				

DQ2a. i) Please rate your agreement with the following statements regarding erosive esophagitis

Please provide a rating below, where 1 = Strongly disagree and 7 = Strongly agree

	i) Current treatment options for erosive esophagitis	1	2	3	4	5	6	7
1	Faster healing is important to me	<input type="radio"/>						



SECTION D

2	Faster healing makes me believe that treatment will resolve the problem	<input type="radio"/>						
3	Better initial symptom relief leads to increased adherence	<input type="radio"/>						
4	Better initial symptom relief allows patients to return to their normal routine quickly	<input type="radio"/>						
5	Fast symptom relief is a top priority for my patients	<input type="radio"/>						
6	Patients want a therapy that lasts 24 hours	<input type="radio"/>						
7	Nighttime symptoms are a significant concern for my patients	<input type="radio"/>						
8	I believe that all proton pump inhibitors are the same	<input type="radio"/>						
9	I would welcome an alternative to proton pump inhibitor therapy for erosive esophagitis	<input type="radio"/>						
10	A treatment with a new mechanism of action may excite my patients	<input type="radio"/>						
11	A treatment with a new mechanism of action may help more patients	<input type="radio"/>						
12	Current treatment options lack variety in their modes of action	<input type="radio"/>						
13	New therapies are needed as many patients have continued symptoms	<input type="radio"/>						
14	It is important to have treatments that have strong initial <u>and</u> ongoing symptom relief	<input type="radio"/>						
15	Patients are more interested in increased quality of life versus healing of erosions	<input type="radio"/>						
16	I would prefer a product that didn't have dosing requirements related to food	<input type="radio"/>						
17	Having treatments tied to meals impacts overall effectiveness of the treatment	<input type="radio"/>						
18	A product that didn't require food-related dosing requirements would reduce importance of counselling on administration	<input type="radio"/>						
19	I would prefer a treatment with better long-term maintenance rates than current options offer	<input type="radio"/>						
20	I am satisfied with the current treatment options for my erosive esophagitis patients	<input type="radio"/>						

Q type:	SC	VAR (DP use only)		
Range:				
Routing/base:	All			
Edit/logic:				

SECTION D



DQ2a. ii) Please rate your agreement with the following statements regarding *Helicobacter pylori* with past/present dyspepsia

Please provide a rating below, where 1 = Strongly disagree and 7 = Strongly agree

	ii) Current treatment options for <i>Helicobacter pylori</i> with past/present dyspepsia (HP)	1	2	3	4	5	6	7
1	Increased eradication rates are the most important need in <i>Helicobacter pylori</i> management	<input type="radio"/>						
2	Decreasing eradication rates concerns me	<input type="radio"/>						
3	High eradication rates with fewer pills per day is important to me	<input type="radio"/>						
4	Increasing eradication rates would result in reducing the risk of gastric cancer	<input type="radio"/>						
5	Many <i>Helicobacter pylori</i> patients are undiagnosed	<input type="radio"/>						
6	Antibiotic resistance limits treatment options	<input type="radio"/>						
7	Finding a product that is effective in patients with resistance to standard treatments is important to me	<input type="radio"/>						
8	I desire a more effective treatment option to limit overuse of antibiotics	<input type="radio"/>						
9	Simpler treatment regimens can lead to greater eradication rates	<input type="radio"/>						
10	My patients understand the link between HP and gastric cancer	<input type="radio"/>						
11	It is important that the patient follows up as recommended	<input type="radio"/>						
12	Full course completion is critical to HP eradication	<input type="radio"/>						
13	High pill burden contributes to decreased adherence	<input type="radio"/>						
14	High pill burden is the largest contributor to low adherence	<input type="radio"/>						
15	A treatment with fewer pills per day would be preferable	<input type="radio"/>						
16	Convenience packs that make daily dosing easier to remember are helpful	<input type="radio"/>						
17	Completion of the full course of treatment is essential even if patient is improving	<input type="radio"/>						
18	Medication adherence is multifaceted	<input type="radio"/>						
19	There is a need for an effective dual therapy regimen that can lead to greater eradication rates	<input type="radio"/>						
20	I am satisfied with the current treatment options for my HP patients	<input type="radio"/>						

Q type:	SC	VAR (DP use only)		
Range:				
Routing/base:	All			
Edit/logic:				

DQ2b. Considering your overall satisfaction with the control your patients are able to achieve with their condition, please indicate approximately what proportion of patients fall into each of the following categories.

Please enter a percentage

		i) Erosive esophagitis patients
1	Satisfied AND I believe this is the best control that can be achieved	%
2	Satisfied, BUT I believe better control could be achieved	%
3	Neither satisfied nor dissatisfied	%
4	Not satisfied, BUT I believe this is the best control that can be achieved	%

SECTION D



5	Not satisfied AND I believe better control could be achieved	%	
Total		<auto>%	
ii) <i>Helicobacter pylori</i> with past/present dyspepsia patients			
1	Satisfied – I believe the infection will be eradicated		%
2	Neither satisfied nor dissatisfied		%
3	Not satisfied – I do not believe the infection will be eradicated		%
Total		<auto>%	

Q type:	Numeric	VAR (DP use only)		
Range:	0-100			
Routing/base:	All			
Edit/logic:	EE and HP questions to show on separate screens Autosum totals. Percentages must total 100%, if not please state "Please ensure the sum of your answers equals 100%"			

DQ2c. To what extent do you agree with the statements below?

Please rate each statement below, from 1 (completely disagree); to 7 (completely agree)

		1	2	3	4	5	6	7
My erosive esophagitis patients are willing to tolerate more long-term safety/risk concerns if they believe it will achieve greater outcomes	LA Grade A/B	<input type="radio"/>						
	LA Grade C/D	<input type="radio"/>						
I find it easy to predict which patients will have an antibiotic-resistant infection	<i>Helicobacter pylori</i> with past/present dyspepsia	<input type="radio"/>						

LA Grade A/B – "mild" erosive esophagitis, LA Grade C/D "severe" erosive esophagitis

Q type:	SC	VAR (DP use only)		
Range:				
Routing/base:	All			
Edit/logic:				

DQ3. What proportion of your erosive esophagitis patients do you think:

Please enter a percentage

		Indicate %
1.	Don't achieve desired symptom relief in first week	____%
2.	Do not have adequate symptom relief with proton pump inhibitors	____%
3.	Get long lasting relief from their proton pump inhibitor	____%
4.	You advise to double their proton pump inhibitor dose from once-daily to twice-daily to provide 24-hour coverage	____%
5.	You advise to double their proton pump inhibitor dose (e.g. from 20mg to 40mg once daily) to provide 24-hour coverage	____%
6.	Independently double their proton pump inhibitor dose from once-daily to twice-daily to provide 24-hour coverage	____%
7.	Independently double their proton pump inhibitor dose (e.g. from 20mg to 40mg once daily) to provide 24-hour coverage	____%
8.	Relapse despite ongoing treatment	____%



SECTION D

9.	Experience erosive esophagitis symptoms despite taking their proton pump inhibitor as prescribed	____%
10.	Experience decreased quality of life despite taking their proton pump inhibitor as prescribed	____%
11.	Experience challenges resulting from their erosive esophagitis treatment (e.g. side effects, poor symptom relief)	____%
12.	Double their proton pump inhibitor dose to attain longer-lasting relief	____%
13.	Are worried about the long-term safety of available treatment options	____%

Q type:	Numeric	VAR (DP use only)		
Range:	0-100			
Routing/base:	All			
Edit/logic:				

DQ4a. Do you ever recommend **erosive esophagitis patients** add an over-the-counter therapy to their prescribed therapy?

Please select one response

Yes	<input type="radio"/>
No	<input type="radio"/>

Q type:	SC	VAR (DP use only)		
Range:				
Routing/base:	All			
Edit/logic:				

DQ4b. In what proportion?

Please enter a percentage

Enter percentage	____%
------------------	-------

Q type:	Numeric	VAR (DP use only)		
Range:	1-100			
Routing/base:	Only those who answered code 1 at DQ4a			
Edit/logic:				

END OF SECTION



SECTION E

SECTION E: BURDEN OF DISEASE

EQ1. What impact do you believe erosive esophagitis and *Helicobacter pylori* with past/present dyspepsia infection has on a patient's quality of life (QoL)?

Please consider the impact on a patient's QoL, from 1 (no impact); to 7 (high impact)

	1	2	3	4	5	6	7
Erosive esophagitis	<input type="radio"/>						
<i>Helicobacter pylori</i> with past/present dyspepsia	<input type="radio"/>						

Q type:	SC	VAR (DP use only)		
Range:				
Routing/base:	All			
Edit/logic:				

EQ2. In your opinion, to what extent do you believe <the condition> impacts the following aspects of a patient's life?

- Erosive esophagitis
- Helicobacter pylori* with past/present dyspepsia

Please select one response per row

		1 Not at all	2	3	4	5	6	7 A great deal	No opinion
a	Ability to work/attend school	<input type="radio"/>	<input type="radio"/>						
b	Daily activities (i.e. food preparation, housework, gardening, taking care of children/family, hygiene)	<input type="radio"/>	<input type="radio"/>						
c	Diet	<input type="radio"/>	<input type="radio"/>						
d	Family or social life (meeting friends/family for activities, hobbies)	<input type="radio"/>	<input type="radio"/>						
e	Meal choice	<input type="radio"/>	<input type="radio"/>						
f	Relationship with spouse/partner (to those applicable)	<input type="radio"/>	<input type="radio"/>						
g	Sexual desire/activity	<input type="radio"/>	<input type="radio"/>						
h	Out of pocket expenses	<input type="radio"/>	<input type="radio"/>						
i	Mental health	<input type="radio"/>	<input type="radio"/>						

Q type:	SC	VAR (DP use only)		
Range:				
Routing/base:	All			
Edit/logic:	EE and HP questions to show on separate screens Replace <the condition> with the condition at a or b			



SECTION F

SECTION F: HCP/PATIENT COMMUNICATION

FQ1. How frequently do you consult with your <the condition> patients?

- a) Erosive esophagitis
- b) *Helicobacter pylori* with past/present dyspepsia

Please enter a number and select a frequency

Once every	_____	<input type="radio"/> Weeks
		<input type="radio"/> Months

Q type:	Open numeric + SC	VAR (DP use only)		
Range:	Weeks: 1-52			
	Months: 1-24			
Routing/base:	All			
Edit/logic:	EE and HP questions to show on separate screens			
	Replace <the condition> with the condition at a or b			

FQ2. Thinking about your <the condition> patients, overall how satisfied do you feel your patients are with the following aspects of their care and management?

- a) Erosive esophagitis
- b) *Helicobacter pylori* with past/present dyspepsia

Please rate each statement below, from 1 (completely dissatisfied) to 7 (completely satisfied)

		1	2	3	4	5	6	7
a	Treatment decisions that have been made	<input type="radio"/>						
b	Treatment goals that have been set out	<input type="radio"/>						
c	Your management of their condition	<input type="radio"/>						
d	Understanding about their condition and treatment	<input type="radio"/>						
e	Ease and convenience of taking the prescribed medication(s)	<input type="radio"/>						
f	Availability of medications	<input type="radio"/>						

Q type:	SC	VAR (DP use only)		
Range:				
Routing/base:	All			
Edit/logic:	EE and HP questions to show on separate screens			
	Replace <the condition> with the condition at a or b			

FQ3. Overall, based on your experience with your <the condition> patients, how much do you agree with the following statements?

Please rate each statement below, from 1 (strongly disagree) to 7 (strongly agree).

- a) Erosive esophagitis
- b) *Helicobacter pylori* with past/present dyspepsia

		1	2	3	4	5	6	7
1	I keep my patients informed about new treatment options	<input type="radio"/>						
2	I ask my patients about their symptoms at every appointment	<input type="radio"/>						
3	I understand how much the condition affects my patients' lives	<input type="radio"/>						



SECTION F

4	My patients feel comfortable discussing their symptoms with me	<input type="radio"/>						
5	Patient input is valuable when making treatment decisions	<input type="radio"/>						
6	My patients are involved in setting their treatment goals	<input type="radio"/>						
7	My patients are satisfied with the level of involvement they have in the management of their condition	<input type="radio"/>						
8	I am aware of my patients' concerns about their treatments	<input type="radio"/>						
9	My patients are comfortable consulting with me about their conditions	<input type="radio"/>						
10	My patients are confident that their condition is being managed the best it can be	<input type="radio"/>						
11	I am confident that I am able to keep up-to-date with therapy options	<input type="radio"/>						
12	I believe there is a strong association between erosive esophagitis and poor mental health	<input type="radio"/>						
13	I believe there is a strong association between <i>Helicobacter pylori</i> with past/present dyspepsia and poor mental health	<input type="radio"/>						
14	I regularly use validated surveys (such as the PHQ) to assess the emotional impact of the condition on patients	<input type="radio"/>						
15	I feel I can evaluate my patients in clinic frequently enough	<input type="radio"/>						
16	I have enough time with my patients during routine office appointments	<input type="radio"/>						
17	I have a deep understanding about relationship between treating HP and reflux/GERD issues	<input type="radio"/>						
18	I would prefer tools to identify patients who would benefit from HP diagnosis and treatment	<input type="radio"/>						
19	It would be ideal to have access to national and regional data on HP resistance rates	<input type="radio"/>						
20	My patients worry about the risks of gastric cancer	<input type="radio"/>						

Q type:	SC	VAR (DP use only)		
Range:				
Routing/base:	All			
Edit/logic:	EE and HP questions to show on separate screens Replace <the condition> with the condition at a or b Only show response option 12 at FQ3a) Erosive esophagitis Only show response options 13, 17, 18 and 19 at FQ3b) <i>Helicobacter pylori</i> with past/present dyspepsia			

FQ4. How easy is it for patients to access relevant information about their condition, outside of your practice/clinic?

Please select one response

	Erosive esophagitis	<i>Helicobacter pylori</i> with past/present dyspepsia
1 Very easily accessible	<input type="radio"/>	<input type="radio"/>
2 Somewhat accessible	<input type="radio"/>	<input type="radio"/>
3 Accessible with some difficulty	<input type="radio"/>	<input type="radio"/>



SECTION F

4	Very difficult to find any information outside of the practice/clinic to inform patients	<input type="radio"/>	<input type="radio"/>
5	Don't know	<input type="radio"/>	<input type="radio"/>

Q type:	SC	VAR (DP use only)		
Range:				
Routing/base:	All			
Edit/logic:	EE and HP questions to show on separate screens			

FQ5. Which of the following, if any, do you provide to your patients?

Please select all that apply

		Erosive esophagitis	<i>Helicobacter pylori</i> with past/present dyspepsia
1	I provide patients with a condition information leaflet	<input type="checkbox"/>	<input type="checkbox"/>
2	I show a condition-specific website during the consultation	<input type="checkbox"/>	<input type="checkbox"/>
3	I direct patients to website(s) with more information on <the condition>	<input type="checkbox"/>	<input type="checkbox"/>
4	I direct patients to research Patient Support Groups so that they can find out more about their condition	<input type="checkbox"/>	<input type="checkbox"/>
5	The nurse usually provides condition-specific information to patients	<input type="checkbox"/>	<input type="checkbox"/>
6	Information about enrolling in clinical trials	<input type="checkbox"/>	<input type="checkbox"/>
7	None of the above	<input type="radio"/>	<input type="radio"/>

Q type:	MC/SC	VAR (DP use only)		
Range:				
Routing/base:	All			
Edit/logic:	EE and HP questions to show on separate screens Replace <the condition> with the relevant condition on screen. Please show ' <i>Helicobacter pylori</i> with dyspepsia' for <i>Helicobacter pylori</i> with past/present dyspepsia question.			

FQ6. Overall, how would you describe your patients' involvement in treatment decisions for their <the condition>?

- Erosive esophagitis
- Helicobacter pylori* with past/present dyspepsia

Please select one response

1	<input type="radio"/>	I do not discuss treatment options with patients
2	<input type="radio"/>	I discuss treatment options with patients, but I ultimately make the decision
3	<input type="radio"/>	I discuss treatment options with patients, and we make the final decision together
4	<input type="radio"/>	I discuss treatment options with patients, and they ultimately make the decision

Q type:	SC	VAR (DP use only)		
Range:				
Routing/base:	All			
Edit/logic:	EE and HP questions to show on separate screens Replace <the condition> with the condition at a or b			



SECTION F

FQ7. How important do you feel your patients' involvement is when making treatment decisions?

- a) Erosive esophagitis
- b) *Helicobacter pylori* with past/present dyspepsia

Please provide a rating below, from 1 (Not important at all); to 7 (Extremely important)

1	2	3	4	5	6	7
<input type="radio"/>						

Q type:	SC	VAR (DP use only)	
Range:			
Routing/base:	All		
Edit/logic:	EE and HP questions to show on separate screens		



Adelphi Real World

INSIGHTS, EVIDENCE & LEADERSHIP SINCE 1995

**SOARD SURVEYS
PATIENT SURVEY
FORM**

Survey Sections:

WELCOME PAGE AND DISCLAIMER

PATIENT SCREENER

SECTION A: DEMOGRAPHICS

SECTION B: SYMPTOMS

SECTION C: TREATMENT

SECTION D: HCP/PATIENT COMMUNICATION

SECTION E: LIST OF PROs

THANK YOU & PAYMENT PAGE

PATIENT SCREENER

Thank you for agreeing to participate in this research survey conducted by Adelphi Real World on behalf of a pharmaceutical company. Adelphi Real World would like everybody to be completely honest with their views and everything you say will be treated in total confidence.

The purpose of this survey is to learn more about how to help people who have <Helicobacter pylori infection /erosive esophagitis>. We are asking people like you who have <Helicobacter pylori/erosive esophagitis>, to help us understand how they feel about their <Helicobacter pylori/erosive esophagitis>, their treatment, and any concerns they may have and the data will be used to understand the experience of patients with this condition.

The survey will last approximately 30 minutes. Upon completion of the survey, you will receive \$50 USD as remuneration in appreciation of your time and cooperation. The recruitment agency will have informed you about the payment details.

We will comply with all national laws protecting your personal data and with relevant guidelines including ESOMAR, EphMRA and all other relevant national codes of practice. The aim of this research is to gain your views and is not intended to be promotional and no one will try to sell you anything. All information provided will remain confidential and will only be reported to the commissioning client, combined with other respondent's data so there is no information that can identify you. Your private information will be shared with individuals and organizations that watch over this research, including:

- People who work with the research sponsor
- Government agencies, such as the Food and Drug Administration
- The Institutional Review Board (IRB) that reviewed this research

We protect your information from disclosure to others to the extent required by law. We cannot promise complete secrecy, so there is a small risk of loss of confidentiality. There will be no direct benefit to you for participating, but your participation may help researchers and other patients in the future.

We ask you to review and agree to the following statements prior to participating in the survey.

- I confirm that I am happy to take part in this survey voluntarily and know that I may terminate the survey or withhold information if I so wish. I understand that I can withdraw my consent at any point. My alternative is not to participate, and my decision to not participate or to leave the survey will not result in any penalty or loss of benefits to which I am otherwise entitled.
- I understand that all data from this survey will only be used for research purposes.
- Adequate data protection measures will be put in place to comply with the Data Protection Laws of the country in which the survey takes place. For example, as determined by the: EU General Data Protection Legislation (GDPR); EU-US privacy shield <https://www.privacyshield.gov/list> .

INSTITUTIONAL REVIEW BOARD

This research is being overseen by an Institutional Review Board ('IRB'). An IRB is a group of people who perform independent review of research surveys. You may talk to them at +1(800) 562-4789, help@wirb.com if:

- You have questions, concerns, or complaints that are not being answered by the research team.
- You are not getting answers from the research team.
- You cannot reach the research team.
- You want to talk to someone else about the research.
- You have questions about your rights as a research subject.

Protocol No. PM8909

YOUR RIGHTS UNDER DATA PRIVACY LAWS

Click here to view our statement regarding data protection, privacy, invisible processing and ways to contact us.

CONTACT DETAILS

In case of further queries, to access, modify or delete your personal data or if you wish to withdraw your consent at any time please contact:

Recruitment agency

Contact Recruitment agency: **<INSERT CONTACT DETAILS OF RECRUITMENT AGENCY Address Email & Telephone>**

501 Office Center Drive, Suite 410, Fort Washington, PA 19034

LMeckes@M3Global.com

Tel: +1.202.293.1622

Read Recruitment agency's privacy policy: **<insert link>**

Adelphi Real World

Contact Adelphi Real World at: arw-compliance@adelphigroup.com

Find out more about Adelphi Real World at www.adelphirealworld.com

Read Adelphi Real World's Privacy Policy at: <http://www.adelphigroup.com/privacypolicy.pdf>

Read Adelphi Real World's California Consumer Privacy Statement at <https://www.adelphigroup.com/ccpa.pdf>

By participating in the survey, you acknowledge and confirm you understand that all survey materials are proprietary to the survey owner and must not be used for any other purpose than participation in the survey or disclosed to any third party without the express written permission of the survey owner.

CONSENT

Select **YES** below to say you have read, understand and accept the statements contained in this “Consent to Participate” form and agree to take part in the survey on the basis of these statements.

<input type="radio"/>	Yes
<input type="radio"/>	No

Q type	SC	VAR	(DP use only)	
Range				
Base	All			
Logic	If 'No', thank and close			

POP UP PRIVACY STATEMENT

Adelphi Real World would like to thank you for taking part in this survey.

All information provided will remain confidential and will only be reported combined with other respondent's data so there is no information which can identify you. We will not send you unsolicited mail or pass your personal data to a third party.

Your co-operation is voluntary at all times. No personal information is sought from or about you, without your prior knowledge and agreement. You are entitled at any stage of the survey, or subsequently, to ask that part or all of your survey record be destroyed or deleted. Wherever reasonable and practical we will carry out such a request.

We automatically capture information about your device, presence of Flash, operating system, web browser type, web browser version and screen resolution in order to deliver a survey best suited to your software. We do no other invisible processing of data from your computer.

Your survey responses are collected, stored or processed by our service providers, both within and outside the European Economic Area (EEA). They are contractually bound to keep any information confidential and must protect it with security standards and practices that are equivalent to our own.

Your rights under Data Privacy Laws

- The European Union's General Data Protection Regulation (GDPR) and other countries' data privacy laws provide certain rights for data subjects. This consent form and Adelphi's privacy policy <http://www.adelphigroup.com/privacypolicy.pdf> provides information on how we collect and use (process) your personal data.
- In many countries, you have a right to access, modify or request deletion of your personal data and to lodge a complaint with the appropriate data protection authority if you have concerns about how your personal data is processed. Please see recruitment agency's privacy policy <insert fieldwork agency's privacy policy link> and Adelphi's privacy policy <http://www.adelphigroup.com/privacypolicy.pdf> for details on how to exercise these rights, or contact us using the contact details shown in the Contacts section.
- Adelphi Real World will not retain your personal data for longer than is necessary. At the end of the research project Adelphi Real World will redact (remove) the personal data no longer required for the project. This means that most of the personal data collected during the research project is deleted and there is minimal personal data retained by Adelphi Real World. The recruitment agency may hold personal data about you as part of the management of their database or panel. Please consult the recruitment agency's privacy policy, their terms and conditions, or contact them directly, for further details of the personal data they hold.

TO CONTACT US – ALL COUNTRIES

In case of further queries, to access, modify or delete your personal data or if you wish to withdraw your consent at any time, please contact the survey team (fieldwork agency) who enrolled you:

Recruitment agency

Contact Recruitment agency: **<INSERT CONTACT DETAILS OF RECRUITMENT AGENCY Address Email & Telephone>**

501 Office Center Drive, Suite 410, Fort Washington, PA 19034

LMeckes@M3Global.com

Tel: +1.202.293.1622

Read Recruitment agency's privacy policy: **<insert link>**

Adelphi Real World

You can contact Adelphi Real World at: arw-compliance@adelphigroup.com

You can find out more about Adelphi Real World at www.adelphirealworld.com

You can read Adelphi Real World's Privacy Policy here:
<http://www.adelphigroup.com/privacypolicy.pdf>

You can read Adelphi Real World's California Consumer Privacy Statement at
<https://www.adelphigroup.com/ccpa.pdf>

The screener aims to identify whether you are a suitable candidate for participation in this survey.

S1. Have you completed the 'Study of Acid Related Disorders' (SOARD) patient survey before?

<input type="radio"/>	Yes <screen out>
<input type="radio"/>	No

S2. What is your age? <ASK ALL>

_____ years (age) <SCREEN OUT IF <18 <RANGE 18-75>
<input type="radio"/> 75 years or above <SCREEN OUT>

S3. Have you been diagnosed with <Helicobacter pylori/erosive esophagitis>? <ASK ALL PATIENTS>

1	<input type="radio"/>	Yes
2	<input type="radio"/>	No <SCREEN OUT>
3	<input type="radio"/>	Don't know <SCREEN OUT>

S4. Have you been diagnosed with an untreated psychiatric disorder? <ASK ALL>

1	<input type="radio"/>	Yes <SCREEN OUT>
2	<input type="radio"/>	No
3	<input type="radio"/>	Don't know <SCREEN OUT>

S5. Have you been diagnosed with memory problems? <ASK ALL>

1	<input type="radio"/>	Yes <SCREEN OUT>
2	<input type="radio"/>	No
3	<input type="radio"/>	Don't know <SCREEN OUT>

SECTION A: DEMOGRAPHICS

This section aims to collect basic information about you.

AQ1. What is your sex? <ASK ALL>

Please select one answer

1	<input type="radio"/>	Male
2	<input type="radio"/>	Female
3	<input type="radio"/>	Prefer not to answer

AQ2. Please estimate your age when you were first diagnosed with <Helicobacter pylori infection/erosive esophagitis>? <ASK ALL> <SET RANGE TO 1-75> <IF VALUE GIVEN IN AQ2 IS GREATER THAN S3 SHOW PROMPT "YOUR AGE AT DIAGNOSIS CANNOT BE MORE THAN YOUR CURRENT AGE, PLEASE REVISE">

Please enter your age at the time of diagnosis below

AQ3. Which healthcare professional diagnosed you with <Helicobacter pylori infection/erosive esophagitis>? <ASK ALL, all codes for EE patients, only show codes 2, 3, 4, 10 for HP>

Please select one answer

1	<input type="radio"/>	Primary care physician (PCP)
2	<input type="radio"/>	Gastroenterologist
3	<input type="radio"/>	Family physician
4	<input type="radio"/>	General practitioner
5	<input type="radio"/>	Internal medicine physician / Internist
6	<input type="radio"/>	Ear, Nose & Throat (ENT) Specialist
7	<input type="radio"/>	Surgeon
8	<input type="radio"/>	Nurse practitioner
9	<input type="radio"/>	Physician assistant
10	<input type="radio"/>	Don't know

AQ4. What is your ethnic origin? <ASK ALL>

Please select one answer

1	<input type="radio"/>	American Indian or Alaska Native
2	<input type="radio"/>	Asian
3	<input type="radio"/>	Black or African American
4	<input type="radio"/>	Hispanic/Latino
5	<input type="radio"/>	Native Hawaiian or another Pacific Islander
6	<input type="radio"/>	Mixed race
7	<input type="radio"/>	White
8	<input type="radio"/>	Prefer not to answer

AQ5. What is your level of education? <ASK ALL>

Please select one answer

1	<input type="radio"/>	Less than high school
2	<input type="radio"/>	High school diploma or GED
3	<input type="radio"/>	Associates College Degree
4	<input type="radio"/>	Bachelor College Degree
5	<input type="radio"/>	Graduate School or higher

6	<input type="radio"/>	Trade School/certificate program
7	<input type="radio"/>	Other

AQ6. What is your current employment status? <ASK ALL>

Please select one answer

1	<input type="radio"/>	Working full-time
2	<input type="radio"/>	Working part-time
3	<input type="radio"/>	Not working seeking employment
4	<input type="radio"/>	Not working not seeking employment
5	<input type="radio"/>	Retired
6	<input type="radio"/>	Homemaker
7	<input type="radio"/>	Student
8	<input type="radio"/>	On disability
9	<input type="radio"/>	On long term sick leave
10	<input type="radio"/>	Other

AQ7. Which of the following best describes your occupation? <ASK IF CODE 1, 2 or 9 IS SELECTED AT AQ6>

1	<input type="radio"/>	Higher managerial, administrative and professional
2	<input type="radio"/>	Intermediate managerial, administrative and professional
3	<input type="radio"/>	Supervisory, clerical and junior managerial, administrative and professional
4	<input type="radio"/>	Skilled manual worker
5	<input type="radio"/>	Semi-skilled and unskilled manual workers
6	<input type="radio"/>	State pensioner, casual and lowest grade worker, unemployed with state benefits only

AQ8. What health insurance do you have?

Select all that apply

US	
<input type="checkbox"/>	Medicare
<input type="checkbox"/>	Medicaid (or equivalent in your state)
<input type="checkbox"/>	Medicare part D prescription drug plan
<input type="checkbox"/>	Medicare medical savings account (MSA)
<input type="checkbox"/>	Medicare advantage
<input type="checkbox"/>	Employer provided/sponsored insurance
<input type="checkbox"/>	Partner/family member employer insurance
<input type="checkbox"/>	Privately arranged insurance
<input type="checkbox"/>	Health insurance exchange plan
<input type="checkbox"/>	Cobra (continuation coverage)
<input type="checkbox"/>	Non-Medicare retired benefit
<input type="checkbox"/>	Tricare/Veterans health care
<input type="checkbox"/>	No insurance coverage
<input type="checkbox"/>	Other
<input type="radio"/>	Don't know

AQ9. What is the total number of medications you are currently taking for all conditions you have been diagnosed with, as prescribed by your doctor(s)? <ASK ALL>

Please enter a number between 1 and 20

<input type="text"/>
<input type="radio"/> Don't know

AQ10. During one week, how many alcoholic drinks do you typically have?

One drink is equal to a 12-ounce beer, a 5-ounce glass of wine, or 1.5 ounces of liquor.

Please enter a number between 0 and 99.

<input type="text"/>
<input type="radio"/> Don't know

AQ11. In one day, how many cigarettes do you typically smoke?

Please enter a number between 0 and 99.

<input type="text"/>
<input type="radio"/> Don't know

SECTION B: SYMPTOMS

This section will provide insight into the symptoms that affect you the most and your concerns regarding this.

BQ1a. Which of the following symptoms have you experienced

a) Ever? <ASK ALL HP>

b) In the past month? <ASK ALL HP>

<ONLY SHOW SYMPTOMS SELECTED AT BQ1a AT BQ1b>

	a) Symptoms experienced ever Select all that apply	b) Symptoms experienced in the past month Select all that apply
1	Abdominal discomfort/indigestion (dyspepsia) – right upper	<input type="checkbox"/>
2	Abdominal discomfort/indigestion (dyspepsia) – below breastbone	<input type="checkbox"/>
3	Abdominal discomfort/indigestion (dyspepsia) – left upper	<input type="checkbox"/>
4	Burning sensation behind breastbone (sternum) / heartburn	<input type="checkbox"/>
5	Bad breath	<input type="checkbox"/>
6	Bleeding (visible in vomit or stools)	<input type="checkbox"/>
7	Bloating	<input type="checkbox"/>
8	Chest discomfort/pain	<input type="checkbox"/>
9	Nausea	<input type="checkbox"/>
10	Regurgitation (Fluid or liquid from your stomach coming up into your throat)	<input type="checkbox"/>
11	Sleep problems	<input type="checkbox"/>
12	Unable to eat certain food	<input type="checkbox"/>
13	Vomiting (Throwing up)	<input type="checkbox"/>
14	Weight loss	<input type="checkbox"/>
15	Hot & Cold Flashes / Fever	<input type="checkbox"/>
16	Burping	<input type="checkbox"/>
17	Diarrhea	<input type="checkbox"/>
18	No Appetite	<input type="checkbox"/>
19	Don't know	<input type="radio"/>
20	None	<input type="radio"/>

BQ1c. Of these symptoms <AUTO-FILL FROM BQ1b>, please choose those that you find bothersome.

1	Abdominal discomfort/indigestion (dyspepsia) – right upper	<input type="checkbox"/>
2	Abdominal discomfort/indigestion (dyspepsia) – below breastbone	<input type="checkbox"/>
3	Abdominal discomfort/indigestion (dyspepsia) – left upper	<input type="checkbox"/>
4	Burning sensation behind breastbone (sternum) / heartburn	<input type="checkbox"/>
5	Bad breath	<input type="checkbox"/>

6	Bleeding (visible in vomit or stools)	<input type="checkbox"/>
7	Bloating	<input type="checkbox"/>
8	Chest discomfort/pain	<input type="checkbox"/>
9	Nausea	<input type="checkbox"/>
10	Regurgitation (Fluid or liquid from your stomach coming up into your throat)	<input type="checkbox"/>
11	Sleep problems	<input type="checkbox"/>
12	Unable to eat certain food	<input type="checkbox"/>
13	Vomiting (Throwing up)	<input type="checkbox"/>
14	Weight loss	<input type="checkbox"/>
15	Hot & Cold Flashes / Fever	<input type="checkbox"/>
16	Burping	<input type="checkbox"/>
17	Diarrhea	<input type="checkbox"/>
18	No Appetite	<input type="checkbox"/>
19	None	<input type="radio"/>

BQ1d. Please rank these symptoms <AUTO-FILL FROM BQ1c> starting with the **most bothersome, up to a top 5**.

<SHOW IF CODES 1-18 ARE SELECTED AT BQ1c><DO NOT ASK IF ONLY ONE CODE IS SELECTED AT BQ1c>

1	Abdominal discomfort/indigestion (dyspepsia) – right upper	<input type="checkbox"/>
2	Abdominal discomfort/indigestion (dyspepsia) – below breastbone	<input type="checkbox"/>
3	Abdominal discomfort/indigestion (dyspepsia) – left upper	<input type="checkbox"/>
4	Burning sensation behind breastbone (sternum) / heartburn	<input type="checkbox"/>
5	Bad breath	<input type="checkbox"/>
6	Bleeding (visible in vomit or stools)	<input type="checkbox"/>
7	Bloating	<input type="checkbox"/>
8	Chest discomfort/pain	<input type="checkbox"/>
9	Nausea	<input type="checkbox"/>
10	Regurgitation (Fluid or liquid from your stomach coming up into your throat)	<input type="checkbox"/>
11	Sleep problems	<input type="checkbox"/>
12	Unable to eat certain food	<input type="checkbox"/>
13	Vomiting (Throwing up)	<input type="checkbox"/>
14	Weight loss	<input type="checkbox"/>
15	Hot & Cold Flashes / Fever	<input type="checkbox"/>
16	Burping	<input type="checkbox"/>
17	Diarrhea	<input type="checkbox"/>
18	No Appetite	<input type="checkbox"/>

BQ2. You indicated that you are experiencing <x> bothersome symptoms. On a scale of 1 to 10 where 1 is completely dissatisfied and 10 is completely satisfied, how satisfied are you with your current treatment? <DO NOT ASK IF CODE 19 IS SELECTED AT BQ1c>

<x> = number of symptoms indicated at BQ1c

[List symptoms indicated at BQ1c]

Please provide a rating, from 1 (completely dissatisfied) to 10 (Completely satisfied)

1	2	3	4	5	6	7	8	9	10
Completely dissatisfied									Completely satisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BQ3a. Which of the following symptoms of erosive esophagitis have you experienced...

a) Ever? <ASK ALL EE>

b) In the past month? <ASK ALL EE>

<ONLY SHOW SYMPTOMS SELECTED AT BQ3a AT BQ3b.>

		a) Symptoms experienced ever Select all that apply	b) Symptoms experienced in the past month Select all that apply
1	Abdominal discomfort/pain – right upper	<input type="checkbox"/>	<input type="checkbox"/>
2	Abdominal discomfort/pain – below breastbone	<input type="checkbox"/>	<input type="checkbox"/>
3	Abdominal discomfort/pain – left upper	<input type="checkbox"/>	<input type="checkbox"/>
4	Burning sensation behind breastbone (sternum) / heartburn	<input type="checkbox"/>	<input type="checkbox"/>
5	Bleeding	<input type="checkbox"/>	<input type="checkbox"/>
6	Bloating	<input type="checkbox"/>	<input type="checkbox"/>
7	Chest discomfort/pain	<input type="checkbox"/>	<input type="checkbox"/>
8	Coughing	<input type="checkbox"/>	<input type="checkbox"/>
9	Difficulty swallowing (Dysphagia)	<input type="checkbox"/>	<input type="checkbox"/>
10	Nausea	<input type="checkbox"/>	<input type="checkbox"/>
11	Painful swallowing (Odynophagia)	<input type="checkbox"/>	<input type="checkbox"/>
21	Regurgitation	<input type="checkbox"/>	<input type="checkbox"/>
13	Sleep problems	<input type="checkbox"/>	<input type="checkbox"/>
14	Sore throat	<input type="checkbox"/>	<input type="checkbox"/>
15	Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
16	Weight loss	<input type="checkbox"/>	<input type="checkbox"/>
17	Hoarseness / Difficulty Speaking	<input type="checkbox"/>	<input type="checkbox"/>
18	Burping	<input type="checkbox"/>	<input type="checkbox"/>
19	Choking	<input type="checkbox"/>	<input type="checkbox"/>
20	Don't know	<input type="radio"/>	<input type="radio"/>
21	None	<input type="radio"/>	<input type="radio"/>

BQ3c. Of these symptoms <AUTO-FILL FROM BQ3b>, please choose those that you find bothersome.

1	Abdominal discomfort/pain – right upper	<input type="checkbox"/>
2	Abdominal discomfort/pain – below breastbone	<input type="checkbox"/>
3	Abdominal discomfort/pain – left upper	<input type="checkbox"/>

4	Burning sensation behind breastbone (sternum) / heartburn	<input type="checkbox"/>
5	Bleeding	<input type="checkbox"/>
6	Bloating	<input type="checkbox"/>
7	Chest discomfort/pain	<input type="checkbox"/>
8	Coughing	<input type="checkbox"/>
9	Difficulty swallowing (Dysphagia)	<input type="checkbox"/>
10	Nausea	<input type="checkbox"/>
11	Painful swallowing (Odynophagia)	<input type="checkbox"/>
12	Regurgitation	<input type="checkbox"/>
13	Sleep problems	<input type="checkbox"/>
14	Sore throat	<input type="checkbox"/>
15	Vomiting	<input type="checkbox"/>
16	Weight loss	<input type="checkbox"/>
17	Hoarseness / Difficulty Speaking	<input type="checkbox"/>
18	Burping	<input type="checkbox"/>
19	Choking	<input type="checkbox"/>
20	None	<input type="checkbox"/>

BQ3d. Please rank these symptoms <AUTO-FILL FROM BQ3c> starting with the **most bothersome, up to a top 5**.

<SHOW IF CODES 1-19 ARE SELECTED AT BQ3c> <DO NOT ASK IF ONLY ONE CODE IS SELECTED AT BQ3c>

1	Abdominal discomfort/pain – right upper	<input type="checkbox"/>
2	Abdominal discomfort/pain – below breastbone	<input type="checkbox"/>
3	Abdominal discomfort/pain – left upper	<input type="checkbox"/>
4	Burning sensation behind breastbone (sternum) / heartburn	<input type="checkbox"/>
5	Bleeding	<input type="checkbox"/>
6	Bloating	<input type="checkbox"/>
7	Chest discomfort/pain	<input type="checkbox"/>
8	Coughing	<input type="checkbox"/>
9	Difficulty swallowing (Dysphagia)	<input type="checkbox"/>
10	Nausea	<input type="checkbox"/>
11	Painful swallowing (Odynophagia)	<input type="checkbox"/>
12	Regurgitation	<input type="checkbox"/>
13	Sleep problems	<input type="checkbox"/>
14	Sore throat	<input type="checkbox"/>
15	Vomiting	<input type="checkbox"/>
16	Weight loss	<input type="checkbox"/>
17	Hoarseness / Difficulty Speaking	<input type="checkbox"/>
18	Burping	<input type="checkbox"/>
19	Choking	<input type="checkbox"/>

BQ4. You indicated that you are experiencing <x> bothersome symptoms. On a scale of 1 to 10 where 1 is completely dissatisfied and 10 is completely satisfied, how satisfied are you with your current treatment? <DO NOT ASK IF CODE 20 IS SELECTED AT BQ3c>

<x> = number of symptoms indicated at BQ3c

[List symptoms indicated at BQ3c]

Please provide a rating, from 1 (completely dissatisfied) to 10 (Completely satisfied)

1	2	3	4	5	6	7	8	9	10
Completely dissatisfied									Completely satisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION C: TREATMENT

This section aims to understand your satisfaction with your current treatment and to investigate what treatment goals mean to you.

TREATMENT EFFICACY

CQ1. There are different ways to measure if your treatment is effective for your stomach symptoms (“dyspepsia”). Which of the following best describes how you know if your treatment is effective?

<ASK ALL HP>

Please select one answer only

1	<input type="radio"/>	Reduced severity of dyspepsia
2	<input type="radio"/>	Stopping dyspepsia
3	<input type="radio"/>	Ability to go about daily activities

CQ2. There are different ways to measure if your treatment is effective. Which of the following best describes how you know if your treatment is effective? <ASK ALL EE>

Please select one answer only

1	<input type="radio"/>	Reduced severity of symptoms (not number of episodes/frequency of occurrence)
2	<input type="radio"/>	Reduced number of acid reflux episodes
3	<input type="radio"/>	Relief of all symptoms
4	<input type="radio"/>	Ability to go about daily activities
5	<input type="radio"/>	Long duration of symptom relief

TREATMENT EXPECTATIONS

CQ2. To what extent do you believe your current treatment is a cure for your *Helicobacter pylori* infection? <ASK ALL HP>

Please provide a rating, from 1 (Not at all) to 7 (Extremely)

1	2	3	4	5	6	7
Not at all						Extremely
<input type="radio"/>						

CQ3a. To what extent do you agree with the statement: “My current treatment is a long-lasting solution for my erosive esophagitis”? <ASK ALL EE>

Please provide a rating, from 1 (Disagree completely) to 7 (Agree completely)

1	2	3	4	5	6	7
Disagree completely						Agree completely
<input type="radio"/>						

CQ3b. Which of the following statements best describes how satisfied you are with your current treatment for erosive esophagitis? <ASK ALL EE>

Please select one answer only

1	Satisfied AND I believe this is the best control that can be achieved	<input type="radio"/>
2	Satisfied, BUT I believe better control could be achieved	<input type="radio"/>
3	Neither satisfied nor dissatisfied	<input type="radio"/>
4	Not satisfied, BUT I believe this is the best control that can be achieved	<input type="radio"/>
5	Not satisfied AND I believe better control could be achieved	<input type="radio"/>

1	I am concerned about the short-term side effects	<input type="radio"/>							
2	I am concerned about long-term side effects	<input type="radio"/>							
3	I am worried about the side effects of taking antibiotics (e.g. overuse of antibiotics can make it difficult to treat infections, this is known as 'antibiotic resistance')	<input type="radio"/>							
4	I want to stop my proton pump inhibitor treatment as soon as my erosive esophagitis is under control	<input type="radio"/>							

CQ4b. How long have you been concerned about proton pump inhibitor use? **<ASK EE. SHOW IF RATINGS OF 5 OR MORE HAVE BEEN PROVIDED AT CQ4a_1 or _2>**

Select one response

1	1 month or less	<input type="radio"/>
2	2 months	<input type="radio"/>
3	3 months	<input type="radio"/>
4	4 months	<input type="radio"/>
5	5 months	<input type="radio"/>
6	6 months or more	<input type="radio"/>

TREATMENT GOALS

CQ5) What are the 5 most important treatment goals for your *Helicobacter pylori* infection? **<ASK ALL HP>**

Please select and rank your top five treatment goals from the following list in order of importance, starting with the most important

1	To be on one course of treatment and be cured	<input type="checkbox"/>
2	Improving my quality of life	<input type="checkbox"/>
3	Improvement in dyspepsia	<input type="checkbox"/>
4	Reduce risk of developing stomach cancer	<input type="checkbox"/>
5	Reduce risk of peptic ulcer disease	<input type="checkbox"/>
6	Reduce how often I need to use the emergency department at hospital	<input type="checkbox"/>
7	Fast symptom relief	<input type="checkbox"/>
8	I don't have any defined goals for treatment	<input type="radio"/>

CQ6) What are the 5 most important treatment goals for your erosive esophagitis? **<ASK ALL EE>**

Please select and rank your top five treatment goals from the following list in order of importance, starting with the most important

1	Lower risk of symptom recurrence	<input type="checkbox"/>
2	Experiencing less symptoms	<input type="checkbox"/>
3	Fast symptom relief	<input type="checkbox"/>
4	Fast onset of heartburn relief	<input type="checkbox"/>
5	Not having to take pills before meals	<input type="checkbox"/>
6	Not having to limit what foods I can eat	<input type="checkbox"/>
7	Having different treatment options available to me	<input type="checkbox"/>
8	Improving my quality of life	<input type="checkbox"/>

9	Reducing how often I need to change treatment	<input type="checkbox"/>
10	Reducing how often I need to use the emergency department at the hospital	<input type="checkbox"/>
11	Ability to stay on the same treatment without the need to change	<input type="checkbox"/>
12	Treatment provides 24-hour coverage	
13	I don't have any defined goals for treatment	<input type="radio"/>

CQ7) How well do you feel your treatment goals align with the clinician's own treatment goals? <ASK ALL>

	Highly aligned	Moderately aligned	Slightly aligned	Not aligned at all
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CQ8) How often do you: <ASK ALL><If code 5 selected at CQ8i then hide rows ii-vi>

Please rate each statement, from 1 (never); to 5 (all of the time)

	1 Never	2 Some of the time	3 About 50% of the time	4 Most of the time	5 All of the time
i Take your medication as instructed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ii Independently decide to increase the frequency of your medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iii Independently decide to decrease the frequency of your medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iv Forget to take your medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v Fail to complete the recommended duration of your treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
vi Miss doses of your treatment because you didn't understand the instructions correctly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CQ9. Please rate your agreement with the following statements regarding your *Helicobacter pylori* infection. <ASK ALL HP>

Please providing a rating below, where 1 = Strongly disagree and 7 = strongly agree

		1	2	3	4	5	6	7
1	I desire a product that completely cures my <i>Helicobacter pylori</i> with one course	<input type="radio"/>						
2	I am aware of the issue of "increased eradication rates"	<input type="radio"/>						
3	I am concerned other people may have <i>Helicobacter pylori</i> and don't know it.	<input type="radio"/>						
4	I would prefer to limit antibiotic use	<input type="radio"/>						
5	I understand what "antibiotic resistance" means	<input type="radio"/>						
6	I understand how antibiotic resistance impacts treatments	<input type="radio"/>						
7	I understand the implications of <i>Helicobacter pylori</i> on my long-term health	<input type="radio"/>						
8	I think that my family should be tested for <i>Helicobacter pylori</i>	<input type="radio"/>						
9	The number of pills I take for <i>Helicobacter pylori</i> is a burden	<input type="radio"/>						

10	The number of times I have to take my <i>Helicobacter pylori</i> treatment per day is a burden	<input type="radio"/>						
11	I prefer fewer pills to consume on a daily basis	<input type="radio"/>						
12	Packaging that groups my <i>Helicobacter pylori</i> medication by dose and time would help me remember to take the pills at the right time	<input type="radio"/>						
13	Reducing the need to include over the counter therapies would increase my satisfaction	<input type="radio"/>						

CQ10. Please rate your agreement with the following statements regarding your erosive esophagitis.
<ASK ALL EE>

Please providing a rating below, where 1 = Strongly disagree and 7 = strongly agree

		1	2	3	4	5	6	7
1	Better initial healing of my esophagus makes me hopeful that the treatment will resolve the problem	<input type="radio"/>						
2	If a treatment relieves symptoms quickly, I have more belief in its long-term efficacy	<input type="radio"/>						
3	Proton pump inhibitors don't relieve my symptoms quickly enough for me	<input type="radio"/>						
4	I am frustrated that current options do not provide long-term relief	<input type="radio"/>						
5	Desire a treatment with better maintenance rates than proton pump inhibitors	<input type="radio"/>						
6	I am anxious about my symptoms returning	<input type="radio"/>						
7	I am frustrated that current options do not provide long-term relief	<input type="radio"/>						
8	I find life unpredictable and restricted because of symptoms	<input type="radio"/>						
9	Desire to sleep without interruption from symptoms	<input type="radio"/>						
10	I would like to reduce my visits (due to my erosive esophagitis) to my clinician	<input type="radio"/>						
11	Current options do not provide long-term relief	<input type="radio"/>						
12	I worry about swallowing/choking when eating	<input type="radio"/>						
13	I would like to be able to eat food without worry	<input type="radio"/>						
14	Food-related dosing is burdensome	<input type="radio"/>						
15	I would welcome new treatment options	<input type="radio"/>						
16	I don't like swapping between similar treatments	<input type="radio"/>						
17	I want whatever works fastest	<input type="radio"/>						
18	I want whatever works for the longest	<input type="radio"/>						
19	I would like a treatment with better long-lasting effect than proton pump inhibitors	<input type="radio"/>						
20	Fast healing is important to me	<input type="radio"/>						
21	If a treatment works more quickly, I am more likely to take it as advised	<input type="radio"/>						
22	Reducing the need to include over the counter therapies would increase my satisfaction	<input type="radio"/>						

CQ11. Which, if any, of the following statements do you believe are true regarding your erosive esophagitis? <ASK ALL EE>

Select all that apply

1	<input type="checkbox"/>	I experience frequent symptoms despite ongoing treatment
2	<input type="checkbox"/>	I take other medications with my proton pump inhibitor
3	<input type="checkbox"/>	I experience symptoms at night
4	<input type="checkbox"/>	I experience heartburn at night despite taking medication as directed
5	<input type="checkbox"/>	I continue to experience symptoms even after my treatment dose has been increased
6	<input type="checkbox"/>	I increase my proton pump inhibitor dose without physician instruction to maintain relief for longer
7	<input type="checkbox"/>	I add over-the-counter medicines without physician instruction to my prescription to maintain relief for longer
8	<input type="checkbox"/>	I add over-the-counter medicines to my prescription without physician instruction to increase speed of symptom relief
9	<input type="checkbox"/>	I am anxious about my erosive esophagitis symptoms returning
10	<input type="checkbox"/>	Current options do not provide long-term relief
11	<input type="radio"/>	None of the above

CQ12a. Do you take your medication before a meal? <ASK ALL EE>

Yes	<input type="radio"/>
No	<input type="radio"/>

CQ12b. Were you aware that taking your medication before a meal is generally advised? <No at CQ12a>

Yes	<input type="radio"/>
No	<input type="radio"/>

SECTION D: HCP/PATIENT COMMUNICATION

This section aims to understand how you interact with your main doctor and whether this meets your needs.

Questions throughout this section will refer to your main doctor. AS A REMINDER, YOUR MAIN DOCTOR IS THE ONE YOU SEE FOR YOUR <H. PYLORI INFECTION/EROSIVE ESOPHAGITIS>.

DQ1a. Who do you consider to be the main person responsible for the treatment of your <Helicobacter pylori/erosive esophagitis>? <ASK ALL, CODE 6 EXCLUSIVE TO EE>

Please select one response

1	<input type="radio"/>	Gastroenterologist
2	<input type="radio"/>	Nurse practitioner
3	<input type="radio"/>	Physician's assistant
4	<input type="radio"/>	Family medicine
5	<input type="radio"/>	General practice
6	<input type="radio"/>	Ear, Nose & Throat (ENT) Specialist
7	<input type="radio"/>	Other specialist

The following questions will refer to the main clinician you selected in the previous question.

DQ1b. How many visits do you typically have with your main doctor for appointments related to your <Helicobacter pylori/erosive esophagitis>? This includes telephone consultations, virtual consultations (telehealth), email contact etc...

Virtual/ In-person consultations with main doctor	Other communications with main doctor e.g. emails, phone calls and texts
Enter a number _____ (range 0-12)	Enter a number _____ (range 0-12)

DQ1c. How do you feel about how frequently you see your main clinician for your <Helicobacter pylori/erosive esophagitis>? <ASK ALL, REPLACE CONDITION AS APPROPRIATE>

1	<input type="radio"/>	Not enough
2	<input type="radio"/>	Enough
3	<input type="radio"/>	Too much

DQ2. Overall, how satisfied are you with your experiences with your main doctor helping you with your <Helicobacter pylori/erosive esophagitis>? <ASK ALL, REPLACE CONDITION AS APPROPRIATE>

Please rate your overall experience below, where 1 (very dissatisfied); to 7 (very satisfied).

1	2	3	4	5	6	7
Very dissatisfied						Very satisfied
<input type="radio"/>						

DQ3a. Based on your experience with your main doctor who helps you with your *Helicobacter pylori*, to what extent do you agree with the following statements with regards to your *Helicobacter pylori*? <ASK ALL HP>

Please rate each statement below, from 1 (strongly disagree); to 7 (strongly agree).

		1 Strongly disagree	2	3	4	5	6	7 Strongly agree
1	My main doctor is genuinely concerned about helping me to be as healthy as possible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	My main doctor keeps me informed about other treatment options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	My main doctor asks me about my symptoms at every appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	My main doctor understands how much my <i>Helicobacter pylori</i> impacts my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	My main doctor is aware of my concerns about my treatments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	I am confident that I am being assessed and treated properly by my main doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	I fully understand the side effects associated with my current treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	I am scared of going to see my main doctor about my <i>Helicobacter pylori</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	I feel comfortable talking about my <i>Helicobacter pylori</i> with my main doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	I do not have faith that my <i>Helicobacter pylori</i> is being managed as best as it can be	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	I have enough time with my main doctor during normal appointments to discuss my <i>Helicobacter pylori</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	I am able to communicate with my main doctor when I need to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DQ3b. Based on your experience with your main doctor who helps you with your erosive esophagitis, to what extent do you agree with the following statements with regards to your erosive esophagitis? <ASK ALL EE>

Please rate each statement below, from 1 (strongly disagree); to 7 (strongly agree).

		1 Strongly disagree	2	3	4	5	6	7 Strongly agree
1	My main doctor is genuinely concerned about helping me to be as healthy as possible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	My main doctor keeps me informed about other treatment options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	My main doctor asks me about my symptoms at every appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4	My main doctor understands how much my erosive esophagitis impacts my life	<input type="radio"/>						
5	I am comfortable sharing concerns about my treatments with my doctor	<input type="radio"/>						
6	I am confident that I am being assessed and treated properly by my main doctor	<input type="radio"/>						
7	My main doctor informs me about the long-term efficacy of my current treatment	<input type="radio"/>						
8	I fully understand the side effects associated with my current treatment	<input type="radio"/>						
9	I am scared of going to see my main doctor about my erosive esophagitis	<input type="radio"/>						
10	I feel comfortable talking about my erosive esophagitis with my main doctor	<input type="radio"/>						
11	I do not have faith that my erosive esophagitis is being managed as best as it can be	<input type="radio"/>						
12	I have enough time with my main doctor during normal appointments to discuss my erosive esophagitis	<input type="radio"/>						
13	I am able to communicate with my main doctor when I need to	<input type="radio"/>						

DQ4. Which of the following sources of information have you used to learn about your <*Helicobacter pylori*/erosive esophagitis> and the treatments available to you? <ASK ALL, REPLACE CONDITION AS APPROPRIATE>

Please select all that apply

1	<input type="checkbox"/>	Doctor
2	<input type="checkbox"/>	Nurse
3	<input type="checkbox"/>	Friends
4	<input type="checkbox"/>	Family
5	<input type="checkbox"/>	Internet/websites
6	<input type="checkbox"/>	Social media
7	<input type="checkbox"/>	Patient advocacy groups
8	<input type="checkbox"/>	Books/literature
9	<input type="checkbox"/>	Leaflets provided by your healthcare centre
10	<input type="radio"/>	None of the above

DQ5a. Overall, how would you describe your involvement in treatment decisions for your <*Helicobacter pylori*/erosive esophagitis>? <ASK ALL, REPLACE CONDITION AS APPROPRIATE>

Please select one response

1	<input type="radio"/>	My health care professional makes all treatment decisions without my involvement
2	<input type="radio"/>	My health care professional discusses treatment options with me, but it is ultimately their decision
3	<input type="radio"/>	My health care professional discusses treatment options with me, and we make the decision together

4	<input type="radio"/>	My health care professional discusses treatment options with me, and I make the final decision
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DQ5b. Overall, how satisfied are you with your level of involvement in making treatment decisions?

<ASK ALL>

Please provide a rating, from 1 (Very dissatisfied) to 7 (Very satisfied)

1	2	3	4	5	6	7
<input type="radio"/>						

Under each heading, please check the ONE box that best describes your health TODAY.

MOBILITY

- I have no problems walking
- I have slight problems walking
- I have moderate problems walking
- I have severe problems walking
- I am unable to walk

SELF-CARE

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe 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 doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

PAIN / DISCOMFORT

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

ANXIETY / DEPRESSION

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed

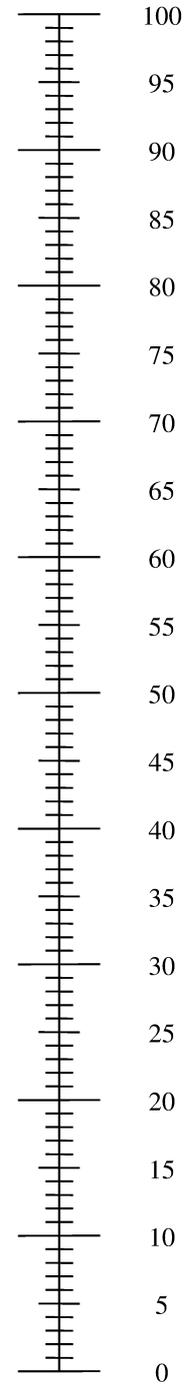
I am extremely anxious or depressed



- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =

The best health
you can imagine



The worst health
you can imagine

**Work Productivity and Activity Impairment Questionnaire:
Specific Health Problem V2.0 (WPAI:SHP)**

The following questions ask about the effect of your **<Helicobacter pylori/erosive esophagitis>** on your ability to work and perform regular activities. *Please fill in the blanks or select a number, as indicated.*

1. Are you currently employed (working for pay)? _____ NO ___ YES
If NO, check "NO" and skip to question 6.

The next questions are about the **past seven days**, not including today.

2. During the past seven days, how many hours did you miss from work because of problems associated with your **<Helicobacter pylori/erosive esophagitis>**? *Include hours you missed on sick days, times you went in late, left early, etc., because of your <Helicobacter pylori/erosive esophagitis>. Do not include time you missed to participate in this study.*

_____ HOURS

3. During the past seven days, how many hours did you miss from work because of any other reason, such as vacation, holidays, time off to participate in this study?

_____ HOURS

4. During the past seven days, how many hours did you actually work?

_____ HOURS *(If "0", skip to question 6.)*

5. During the past seven days, how much did your **<Helicobacter pylori/erosive esophagitis>** affect your productivity while you were working?

Think about days you were limited in the amount or kind of work you could do, days you accomplished less than you would like, or days you could not do your work as carefully as usual. If <Helicobacter pylori/erosive esophagitis> affected your work only a little, choose a low number. Choose a high number if <Helicobacter pylori/erosive esophagitis> affected your work a great deal.

Consider only how much **<Helicobacter pylori/erosive esophagitis>** affected productivity while you were working.

<p><Helicobacter pylori/erosive esophagitis> had no effect on my work</p>	0 1 2 3 4 5 6 7 8 9 10	<p><Helicobacter pylori/erosive esophagitis> completely prevented me from working</p>
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CIRCLE A NUMBER

6. During the past seven days, how much did your <Helicobacter pylori/erosive esophagitis> affect your ability to do your regular daily activities, other than work at a job?

By regular activities, we mean the usual activities you do, such as work around the house, shopping, childcare, exercising, studying, etc. Think about times you were limited in the amount or kind of activities you could do and times you accomplished less than you would like. If <Helicobacter pylori/erosive esophagitis> affected your activities only a little, choose a low number. Choose a high number if <Helicobacter pylori/erosive esophagitis> affected your activities a great deal.

Consider only how much <Helicobacter pylori/erosive esophagitis> affected your ability to do your regular daily activities, other than work at a job.

<p><Helicobacter pylori/erosive esophagitis> had no effect on my daily activities</p>	_____ 0 1 2 3 4 5 6 7 8 9 10	<p><Helicobacter pylori/erosive esophagitis> completely prevented me from doing my daily activities</p>
---	---	---

CIRCLE A NUMBER

WPAI:SHP V2.0 (US English)

PAGI-QoL

The following questions ask about how some of the gastrointestinal problems you may be experiencing (such as pain, discomfort or other problems) may have affected your overall quality of life and well-being in the past 2 weeks.

Please answer every question by *circling the number* that best represents your opinion. There are no right or wrong answers.

<i>During the past 2 weeks, because of your gastrointestinal problems, how often...</i>	None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
1. have you had to depend on others to do your daily activities?	0	1	2	3	4	5
2. have you avoided performing your daily activities?	0	1	2	3	4	5
3. have you had difficulty concentrating?	0	1	2	3	4	5
4. has it taken you longer than usual to perform your daily activities?	0	1	2	3	4	5
5. have you felt tired?	0	1	2	3	4	5
6. have you lost the desire to participate in social activities such as visiting friends or relatives?	0	1	2	3	4	5
7. have you been worried about having stomach symptoms in public?	0	1	2	3	4	5
8. have you avoided performing physical activities or sports?	0	1	2	3	4	5
9. have you avoided traveling?	0	1	2	3	4	5

<i>During the past 2 weeks, because of your gastrointestinal problems, how often...</i>	None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
10. have you felt frustrated about not being able to do what you wanted to do?	0	1	2	3	4	5
11. have you felt constricted in the clothes you wear?	0	1	2	3	4	5
12. have you felt frustrated about not being able to dress as you wanted to?	0	1	2	3	4	5
13. have you felt concerned about what you can and cannot eat?	0	1	2	3	4	5
14. have you avoided certain types of foods?	0	1	2	3	4	5
15. have you restricted eating at restaurant or at someone's home?	0	1	2	3	4	5
16. have you felt less enjoyment in food than usual?	0	1	2	3	4	5
17. have you felt concerned that a change in your food habits could trigger your symptoms?	0	1	2	3	4	5
18. have you felt frustrated about not being able to choose the food you wanted to?	0	1	2	3	4	5
19. have you felt frustrated about not being able to choose the type of beverage you wanted to?	0	1	2	3	4	5
20. has your relationship with your spouse or partner been disturbed?	0	1	2	3	4	5

<i>During the past 2 weeks, because of your gastrointestinal problems, how often...</i>	None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
21. has your relationship with your children or relatives been disturbed?	0	1	2	3	4	5
22. has your relationship with your friends been disturbed?	0	1	2	3	4	5
23. have you been in a bad mood?	0	1	2	3	4	5
24. have you felt depressed?	0	1	2	3	4	5
25. have you felt anxious?	0	1	2	3	4	5
26. have you felt angry?	0	1	2	3	4	5
27. have you felt irritable?	0	1	2	3	4	5
28. have you felt discouraged?	0	1	2	3	4	5
29. have you been stressed?	0	1	2	3	4	5
30. have you felt helpless?	0	1	2	3	4	5

THANK YOU

Thank you for participating in the SOARD study. Your responses, along with those from other patients, are vital in helping us better understand key gaps in <*H. pylori* infection/erosive esophagitis> and the varied experiences of living with this condition.

The SOARD study is sponsored by a Health Care company and was developed in partnership with a Healthcare Consultancy Group, disease-specific thought leaders and patients.

Thank you for submitting your survey. Your responses have been saved.