

## Appendix 1: Patient Questionnaire

<input type="checkbox"/> <b>Baseline Information</b>	<input type="checkbox"/> <b>Follow-up Information</b>
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Patients Initials: \_\_\_\_\_ Patient Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_  
 Diagnosis requiring domperidone treatment: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Ethnicity:  White     Hispanic or Latino     Black or African American     Native American or American Indian  
 Asian/ Pacific Islander     Other: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_

Please state your gender:                       Female                       Male                       Prefer not to answer

**Points of Interest to capture at visits:**

- What is your current dose of domperidone? \_\_\_\_\_  
 What is the highest dose of domperidone you have taken? \_\_\_\_\_  
 How long have you been taking domperidone? \_\_\_\_\_ Years \_\_\_\_\_ Months
- The major symptoms for seeking of domperidone are/were: (select all that apply)  
 a) Nausea                      b) Vomiting                      c) Bloating                      d) Acid Reflux  
 e) Unable to finish normal sized meals                      f) other (if other please explain : \_\_\_\_\_)
- If diagnosed with diabetes please state which type:  
 a) Type 1 diabetes                      b) Type 2 diabetes                      c) Do not have diabetes  
 3a. If applicable, how long have you been diagnosed with diabetes? \_\_\_\_\_ Years \_\_\_\_\_ Months  
 3b. If diagnosed with diabetes please indicate the most recent blood sugar reading: \_\_\_\_\_  
 The most recent HbA1C is: \_\_\_\_\_
- If vomiting is present how soon after a meal does it occur? (if vomiting is unrelated to meals select choice A)  
 a) Unrelated to meals                      b) 15 to 45 minutes                      c) 45 minutes to an hour                      d) More than 1 hour
- If nausea is present, is it before or after meals?  
 a) Before meals                      b) After meals  
 If nauseated, how soon before or after a meal does it occur?  
 a) Within 15 minutes                      b) 15 to 45 minutes                      c) 45 minutes to an hour                      d) More than 1 hour

**Other symptoms/signs? (If yes, please indicate the severity and the frequency, by selecting the appropriate Number)**

Symptom	Severity	Severity Scale	Frequency	Frequency Scale
1. Abdominal discomfort/ pain	1.	<b>0=absent</b>  <b>1=mild</b>  <b>2=moderate</b>  <b>3=severe</b>  <b>4=extremely severe</b>	1.	<b>0=absent</b>  <b>1=rare (1 time/wk.)</b>  <b>2=occasional (2-3 times/wk.)</b>  <b>3=Frequent (4-6 times/wk.)</b>  <b>4=Extremely frequent (7 or more times/wk.)</b>
2. Unable to finish normal size meals	2.		2.	
3. Bloating after meals	3.		3.	
4. Nausea	4.		4.	
5. Vomiting	5.		5.	
6. Constipation	6.		6.	
7. Diarrhea	7.		7.	
8. Heart palpitations	8.		8.	
9. Nipple tenderness	9.		9.	
10. Breast enlargement	10.		10.	
11. Nipple discharge	11.		11.	
12. Chest pain	12.		12.	
13. Muscle spasms	13.		13.	
14. Restlessness	14.		14.	

**Please answer the following as either yes or no (if Applicable)**

Question	YES	NO	Specifics?
Were there hospitalizations <b>since taking domperidone</b> because of the stomach problem?			
If patient is female, has she experienced irregular periods since taking domperidone?			
Did patient <b>gain</b> significant weight since taking domperidone?			
Did patient <b>lose</b> significant weight since taking domperidone (unintentionally)?			
Has an ECG been taken during this visit?			

Since starting domperidone, approximately how frequently or how many ECG's have been taken? .....

Did patient have heart related problems since starting domperidone? .....

Was there a change in symptoms requiring domperidone:  $\longrightarrow$  **Worse** **Better** **No Change**

Please indicate on the number line below how much better, the same or worse is primary symptom addressed with domperidone:

-50   -40   -30   -20   -10   0   10   20   30   40   50   60   70   80   90   100

**Worse**                      **No Change**                      **Better**