Aspirin Use and Gastroprotection Questionnaire

PARTICIPANT #

INSTRUCTIONS:
Use a pen with black ink to complete this survey. Do not use a pencil. Please shade ONE bubble only for each question unless otherwise indicated.

Fill-in today's date: [ ] / [ ] / 200[ ]
(month) (day) (year)

HISTORY OF ASPIRIN USE:

1) Are you currently taking aspirin (includes ASA, ECASA, Ecotrin, Entrophen and coated aspirin)?
   ○ yes  ○ no
   → If you answered no, go to QUESTION 8

2) On average, how often do you take aspirin or an aspirin containing product?
   ○ every day
   ○ almost every day
   ○ occasionally (1 or 2 times a week)
   ○ rarely (less than twice a month)

3) Has a doctor or health care professional recommended that you take aspirin?
   ○ yes  ○ no

4) Do you get aspirin over-the-counter or with a doctor's prescription?
   ○ over-the-counter (i.e., NO prescription)
   ○ with a prescription
   ○ both (over-the-counter and with a prescription)

5) How much aspirin are you taking daily?
   ○ up to 1 "baby" aspirin (81 mg or less)
   ○ 1 to 4 "baby" aspirins (82 to 324 mg)
   ○ 1 regular/coated aspirin (325 mg)
   ○ more than 1 regular/coated aspirin (more than 325 mg)
   ○ don't know/not sure

6) Why are you using aspirin?
   ○ for my heart or to prevent strokes
   ○ for pain relief
   ○ for both heart or stroke and pain relief
   ○ don't know/not sure

7) Do you ever have stomach pain, bloating, or nausea that you believe is related to aspirin?
   ○ yes  ○ no

SKIP QUESTIONS 8, 9 AND 10, AND RESTART ON QUESTION 11
HISTORY OF ASPIRIN USE CONT’D

8) In the past, have you ever used aspirin or ASA (including ECASA, Ecotrin, Entrophen or coated aspirin) to prevent heart disease or stroke?
   ○ yes  ○ no  → If no, go to QUESTION 10
   ↓
   If yes, go to QUESTION 9

9) Why did you stop using aspirin? (mark all that apply)
   ○ could not handle side-effects
   ○ a doctor asked me to stop
   ○ can’t remember/not sure
   ○ other

10) Is there any reason why you do not use aspirin?
     (mark all that apply)
     ○ I’ve had side-effects in the past
     ○ I’ve had stomach ulcers
     ○ I’ve had bleeding while using aspirin
     ○ my doctor told me not to use aspirin
     ○ no one told me I should take aspirin
     ○ don’t know/not sure

HISTORY OF IBUPROFEN USE:

11) Have you used ibuprofen (Advil, Motrin) for arthritis, muscle or joint pain in the last 3 months?
    ○ yes  ○ no  → If no, go to QUESTION 13
    ↓
    If yes, go to QUESTION 12

12) How often do you or did you use ibuprofen? (mark one answer ONLY)
    ○ less than once per week
    ○ more than once per week, but less than 3 times per week
    ○ 3 or more times per week

HISTORY OF GASTROESOPHAGEAL REFLUX DISEASE (GERD)

13) Do you now, or have you ever experienced heartburn (a burning sensation located in the chest or abdomen)?
    ○ Yes, in the last week
    ○ Yes, but not in the last week
    ○ no  → If no, go to QUESTION 17

14) At its worst, how often were you having heartburn?
    ○ less than once a week
    ○ more than once a week, but not daily
    ○ at least daily
15) Are you currently using medications prescribed by your doctor for heartburn?  
- yes  
- no

16) Have you taken antacids (such as Rolaids, Tums, Maalox or Alka-Seltzer) in the last week for relief of heartburn?  
- yes  
- no

**GENERAL**

17) How would you describe your smoking status?  
- current smoker  
- ex-smoker  
- never smoked

18) How would you rate your **current** overall state of health?  
(mark one answer ONLY)  
- very well  
- well  
- fair  
- poor  
- very poor

19) Prior to receiving this survey were you aware that aspirin (ASA) could cause damage to the lining of the stomach and result in internal bleeding?  
- yes  
- no  

If yes, go to QUESTION 20

If no, go to END

20) Do you personally think you are at high-risk of developing damage to the lining of your stomach or internal bleeding?  
- yes  
- no

***END***

Please place this survey, along with the completed and signed consent form in the self-addressed prepaid envelope.

*Thank you for your time and effort.*