



Eosinophilic oesophagitis:


KEEPING TRACK

Your name

Today's date

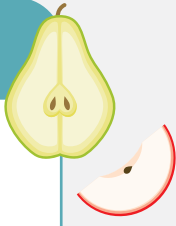
Thinking about the last 7 days

1 Have you had any trouble swallowing solid food in the last week? Has food gone down slowly or got stuck in your throat or chest?



Not at all	On one day	On more than one day	Every day this week
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2 On average, how painful has swallowing solid food been in the last week? Please select a number:



0	1	2	3	4	5	6	7	8	9	10
No pain										Worst pain imaginable


3 Thinking about the time last week when swallowing was the most difficult, what did you do to make the food go down?

Nothing, it got better on its own	Drinking liquid solved the problem	Coughing provided the required relief	Retching shifted the food	Had to go to hospital
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4 In the past week, are there types of food you have avoided because you are worried about them becoming stuck when you are eating?

Yes	No
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5 In the past week, have you modified any food (such as putting it in a blender or cutting it up into small pieces) to make it easier for you to eat?

Yes	No
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6 In the last week, have you been worried about socialising with friends or family because you are concerned about eating with them?

0	1	2	3	4
Not at all				Very worried



7 Thinking about the last week, have you generally been the last person to finish eating at mealtimes?

Yes	No
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Continue

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During the past seven days, has EoE affected your productivity at work?
 Were there days when you accomplished less than you'd have liked, or days you could not do your work as carefully as usual?
 (If you are not working currently, please move on to the next question)
 Please select a number:



Now some questions about your treatment

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What treatments are you receiving for EoE?
 Please select all that apply to you:



Exclusion diet	Proton pump inhibitor (PPI: esomeprazole, lansoprazole, omeprazole, pantoprazole)	Dissolving steroid tablet (Jorveza)	Another form of steroid (budesonide suspension, fluticasone inhaler)	No treatment currently
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How satisfied are you with the way each treatment you receive relieves your symptoms?
 (If you are not receiving any of the treatments, please do not answer this or any further questions)

	Completely satisfied	Very satisfied	Reasonably satisfied	Slightly satisfied	Not satisfied at all
Diet					
PPI					
Jorveza					
Another steroid*					

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How easy or difficult do you find taking your treatments for EoE?

	Very easy	Moderately easy	Neither easy or difficult	Moderately difficult	Very difficult
Diet					
PPI					
Jorveza					
Another steroid*					



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Overall, how confident are you that each of your treatments is a good thing for you?

	Completely confident	Very confident	Reasonably confident	Slightly confident	Not confident at all
Diet					
PPI					
Jorveza					
Another steroid*					

Thank you

* Another form of steroid, such as budesonide suspension or fluticasone inhaler

