



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

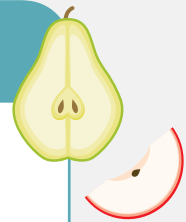
On one day

On more than
one day

Every day
this week

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



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



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



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



Continue

8

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

9

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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10

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

