

## Patient-Reported Outcome Instrument for Chronic Gastritis

### PROISCD-CG (Version 1.0T+)

#### Patient Information

- 1 Hospitalization No./Treatment No.: \_\_\_\_\_
- 2 Contact Number: \_\_\_\_\_
- 3 Participant ID: \_\_\_\_\_
- 4 Name: \_\_\_\_\_
- 5 Age (years): \_\_\_\_\_
- 6 Age at Disease Onset (years): \_\_\_\_\_
- 7 Disease Duration: \_\_\_\_\_
- 8 Sex:  Male  Female
- 9 Ethnicity:  Han  Yi  Bai  Hui  Other
- 10 Occupation:  Worker  Farmer  Teacher  Government staff  
 Self-employed  Other
- 11 Marital Status:  Single  Married  Divorced  Widowed  
 Primary school  Junior high school
- 12 Educational Level:  Senior high school / Technical secondary school  
 Junior college  Bachelor's degree or above
- 13 Household Economic Status:  Poor  Average  Good
- 14 Annual Per-Capita Household Income: \_\_\_\_\_ yuan
- 15 Medical Payment Type:  Self-pay  Social medical insurance (urban resident/employee)  
 Commercial medical insurance
- 16 Number of Assessments: \_\_\_\_\_
- 17 Date of Assessment: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### Completed by Physicians

- 18 Hospital: \_\_\_\_\_
- 19 Department: \_\_\_\_\_
- 20 Clinical Diagnosis: \_\_\_\_\_
- 21 Clinical Stage: \_\_\_\_\_
- 22 Treatment Method: \_\_\_\_\_
- 23 Clinical Type: \_\_\_\_\_
- 24 Frequency of Episodes: \_\_\_\_\_
- 25 Type of Episodes: \_\_\_\_\_
- 26 Treatment Outcome:  Cured  Effective  Improved  No change   
Worsened  Other
- 27 Treatment Adherence:  Completely unable  Slightly able  Moderately able  Mostly  
able  Fully able
- 28 Physician (Signature): \_\_\_\_\_
- 29 Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Instructions to Participants

This questionnaire is designed to assess your overall health status **during the past 7 days**. Please read each question carefully and select the response that best reflects your own experience. There are no right or wrong answers. All information will be kept strictly confidential.

Response Scales					
<b>Scale A</b>	Very poor	Poor	Fair	Good	Very good
	1	2	3	4	5
<b>Scale B</b>	Not at all	A little	Moderately	Quite	Very much
	1	2	3	4	5
<b>Scale C</b>	Completely unable	Slightly able	Moderately able	Mostly able	Fully able
	1	2	3	4	5

<b>Scale A</b>	<b>Past week</b>	<b>Very poor</b>	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Very good</b>
PHD1	How would you rate your appetite during the past week?					
PHD2	How would you rate your sleep quality during the past week?					
PHD4	How normal were your bowel movements during the past week?					
SHD2	How would you rate your relationship with your family?					
SHD3	How would you rate your relationship with your friends?					
<b>Scale B</b>	<b>Past week</b>	<b>Not at all</b>	<b>A little</b>	<b>Moderately</b>	<b>Quite</b>	<b>Very much</b>
PHD3	To what extent has your illness or its treatment affected your sexual function?					
PHD5	To what extent did you experience pain or physical discomfort?					
PHD8	To what extent did you feel fatigued?					
MHD2	To what extent has your illness affected your memory?					
MHD3	To what extent did you feel enjoyment in life?					
MHD4	To what extent did you feel irritable or easily					

	annoyed?					
MHD5	To what extent did you feel depressed or sad?					
MHD6	To what extent did you feel pessimistic or hopeless?					
MHD7	To what extent were you afraid of your illness?					
SHD6	To what extent has your illness or its treatment caused financial difficulties for your family?					
SHD7	To what extent has your illness or its treatment affected your role at work or in labor activities?					
SBD1	How satisfied are you with the medical services you have received (e.g., diagnosis, treatment, rehabilitation)?					
SBD2	How satisfied are you with social security (e.g., safety, medical insurance)?					
SBD3	How satisfied are you with your current health status?					
SBD4	To what extent do your personal beliefs or faith (e.g., religion, rituals, worship) give you strength and courage to overcome difficulties?					
<b>Scale C</b>	<b>Past week</b>	<b>Completely unable</b>	<b>Slightly able</b>	<b>Moderately able</b>	<b>Mostly able</b>	<b>Fully able</b>
PHD6	To what extent were you able to take care of your daily activities (e.g., eating, dressing, washing, using the toilet)?					
PHD7	To what extent were you able to work or perform labor activities (e.g., housework, employment, farming)?					
MHD1	To what extent were you able to concentrate on tasks?					
MHD8	To what extent were you able to view your illness in a positive and optimistic way?					
SHD1	To what extent were you able to interact with others as you did before becoming ill?					
SHD4	To what extent were you able to receive care or support from your family?					
SHD5	To what extent were you able to receive care or support from people other than your family members?					

SHD8	To what extent were you able to fulfill your family roles (e.g., parent, child, spouse)?					
SBD5	To what extent do your personal beliefs or faith enable you to calmly face birth, aging, illness, and death?					
SBD6	To what extent does your spiritual support (e.g., beliefs, aspirations, responsibilities, commitments) help you perceive the meaning or value of life?					
<b>Scale B</b>	<b>Past week</b>	Not at all	A little	Moderately	Quite	Very much
CG1	To what extent did you experience upper abdominal fullness or pressure?					
CG2	To what extent did you experience upper abdominal pain?					
CG3	To what extent did you feel full shortly after starting to eat?					
CG4	To what extent did you experience postprandial fullness or delayed digestion?					
CG5	To what extent did you experience belching?					
CG6	To what extent did you experience acid reflux?					
CG7	To what extent did you experience abdominal fullness before meals?					
CG8	To what extent did you experience heartburn (burning or hot sensation in the chest)?					
CG9	To what extent were you concerned that irregular lifestyle or eating habits might trigger gastritis?					
CG10	To what extent were you troubled by the need to take gastric medications frequently?					
CG11	To what extent were you troubled by dietary restrictions (e.g., spicy foods, overly sour or sweet foods, strong tea, alcohol) due to your illness?					

### Scoring Note (for Publication)

All items are scored on a 5-point Likert scale. Higher scores indicate **better health status** for functional items and **greater symptom burden or impact** for symptom-related items. Domain scores and total scores are calculated according to the PROISCD scoring manual.

