Participant Number: _____ Date: _____ Time: _____

ANMS GASTROPARESIS CARDINAL SYMPTOM INDEX – DAILY DIARY

Instructions: These questions ask about symptoms you may have each day. Please complete the daily diary at about the same time every evening.

For each symptom listed below, please mark with an X the box that best describes the worst severity of each symptom during the past 24 hours. Please be sure to answer each question.

	None	Mild	Moderate	Severe	Very Severe
A. Bloating (feeling like you need to loosen your clothes)	☐	☐	☐	☐	☐
1. Nausea (feeling sick to your stomach as if you were going to vomit or throw up)	☐	☐	☐	☐	☐
2. Not able to finish a normal-sized meal (for a healthy person)	☐	☐	☐	☐	☐
3. Feeling excessively full after meals.	☐	☐	☐	☐	☐
4. Upper abdominal pain (above the navel).	☐	☐	☐	☐	☐

The next question asks you to record the number of times vomiting occurred in the last 24 hours. Please record the number of vomits (throwing up with food or liquid coming out) that occurred in the last 24 hours. Record zero, if you have not vomited during the past 24 hours. If you vomited, write down the number of all vomits. If you vomited once, record one. If you vomited three times during the day, record three. If you vomited three times, whether it was during the same trip to the bathroom or three separate trips, record three as the number of episodes of vomiting.

5. During the past 24 hours, how many episodes of vomiting did you have? ____

	None	Mild	Moderate	Severe	Very Severe
6. In thinking about your gastroparesis disorder, what was the overall severity of your gastroparesis symptoms today (during the past 24 hours)?	☐	☐	☐	☐	☐