

B-PROM - Barrett's oesophagus patient reported outcome measure

B-PROM is a questionnaire designed to measure the impact of Barrett's oesophagus on patients and highlight areas where patients may need more support. Please answer as honestly as possible when completing, tick the most appropriate answer.

Study ID no : Age:

How many years ago were you diagnosed with Barrett's?:

1. KNOWLEDGE OF BARRETT'S

Answer the questions below to the best of your knowledge (tick as appropriate):

1) Type of diagnosis (choose one of the following options) :

- I am a patient with Barrett's' oesophagus **without** biopsy changes (precancer/cancer)
- I am a patient with Barrett's and I **have had** changes in my biopsies (precancer/dysplasia) or gullet (oesophagus) cancer

No.		Yes	No	Not Sure
1.1	I understand what Barrett's oesophagus is	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.2	I understand what causes Barrett's oesophagus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.3	I understand the possible consequences of Barrett's oesophagus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.4	I understand my own risk of gullet (oesophageal) cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.5	I understand what the medical team are looking for during regular Barrett's check ups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

No.		Yes	No	Not Sure	
1.6	I am aware of other ways to check on Barrett's other than camera tests(endoscopy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
1.7	I understand why I need to take medications that reduce stomach acid (e.g. omeprazole, lansoprazole famotidine or similar)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
1.8	Are medications that reduce stomach acid (e.g. omeprazole, lansoprazole famotidine or similar) safe to take long term?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
1.9	I know what treatments are available if my Barrett's progresses/worsens (biopsies or samples show abnormalities)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
1.10	I know what I can do to improve my symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I have no symptoms <input type="radio"/>
1.11	I know what I can do to reduce my risk of gullet (oesophagus) cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
1.12	I know how to manage my symptom flare-ups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I have no symptoms <input type="radio"/>
1.13	I know when and how to seek medical help when I have concerns about my Barrett's or my symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

2) I trust my clinical (hospital) team to prioritise my needs and preferences when making decisions about my Barrett's

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. SYMPTOM CONTROL

3) In general would you say your health is:

- Excellent
 - Very good
 - Good
 - Fair
 - Poor
-

4) How would you rate your overall reflux symptoms?

- Very good
 - Good
 - Reasonable
 - Poor
 - Very Poor
 - No Symptoms
-

5) In terms of my swallow:

- I am able to swallow a normal diet
- I get problems with swallowing on and off
- I am able to swallow some solid foods
- I am able to swallow liquids or semi solid foods only
- I am unable to swallow anything

6) How often have you had any heartburn during the past 4 weeks? (burning discomfort behind breastbone)

- None at all
 - Infrequently
 - A few times per week
 - Daily
 - Several times a day and night
-

7) How severe has your heartburn been during the past 4 weeks? (burning discomfort behind breastbone)

- None at all
 - Mild
 - Moderate
 - Severe
 - Very Severe
-

8) Have you had any reflux during the past 4 weeks? (fluid or stomach contents coming up)

- Not at all
 - Infrequent
 - A few times per week
 - Daily
 - Several times a day and night
-

9) How severe has your reflux been during the past 4 weeks? (fluid or stomach contents coming up)

- None at all
- Mild
- Moderate
- Severe
- Very severe

10) Overall - my symptoms have stopped me from sleeping properly

- Not at all
 - Occasionally
 - Some of the time
 - Most of the time
 - All the time
 - No symptoms
-

11) My symptoms have prevented me doing the things I want to do (e.g. Going for a meal socialising/exercising)

- Not at all
 - Occasionally
 - Some of the time
 - Most of the time
 - All the time
 - No symptoms
-

12) My symptoms or my Barrett's make me feel anxious or depressed

- Not at all
 - Occasionally
 - Some of the time
 - Most of the time
 - All the time
-

3. WORRY OF CANCER

13) How concerned have you been about getting oesophageal (gullet) cancer in the future?

- Not at all
- Rarely concerned
- Occasionally concerned
- Frequently concerned
- Concerned all of the time

4. BARRETT'S PROCEDURES

14) I get anxious or worried knowing my Barrett's check up or endoscopy is coming up

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

15) I find the Barrett's check up or procedure difficult to complete due to discomfort

- Not at all
- Occasionally
- Sometimes
- Most times
- All the time



16) I get anxious or worried whilst waiting for the results of my samples

- Not at all
- Occasionally
- Sometimes
- Most times
- All the time

5. SUMMARY QUESTIONS

17) Overall, how would you rate your Barrett's oesophagus care?

- Excellent
- Good
- Neither good nor bad
- Bad
- Very bad

18) Any other comments

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THANK YOU FOR COMPLETING THIS SURVEY



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