

How **bothered** are you by the following **side effects** that you may or may not experience after taking your osteoporosis/osteopenia medication? If you have never experienced the side effect from the medication, please answer “Not at All Bothered.”

	Not at All Bothered	Slightly Bothered	Moderately Bothered	Quite a Bit Bothered	Extremely Bothered
11. Heartburn or acid reflux	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Stomach upset other than heartburn or acid reflux (such as diarrhea, nausea, vomiting, or stomach pain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Any other side effects you think are related to your osteoporosis medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the past 4 weeks, on approximately **how many days** did you experience the following **side effects** associated with your osteoporosis/osteopenia medication?”

	0 Days	1 Day	2 Days	3 Days	More than 3 Days
14. Heartburn or acid reflux	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Stomach upset other than heartburn or acid reflux (such as diarrhea, nausea, vomiting, or stomach pain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Any other side effects you think are related to your osteoporosis medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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