

Data Sharing Statement

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Item	Question	Authors' Response (place "-" if not applicable)
1	Would you like to share data collected for your study to others?	Yes
2	If not, would you like to share the reason for your decision?	-
3	What data in particular will be shared?	Symptom scores
4	Any other documents will be share? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code.	Consent forms, questionnaires could be available if requested
5	When will data availability begin?	From the date of publication
6	When will data availability end?	Two years from the date of publication
7	To whom will you share the data?	Researchers interested in patterns of GI symptoms
8	For what type of analysis or purpose?	For further work in related areas
9	How or where can the data/documents be obtained?	From the corresponding author only
10	Any other restrictions?	Anonymity of subjects included critical at all stages. The potential risks and benefits would be considered for each request.