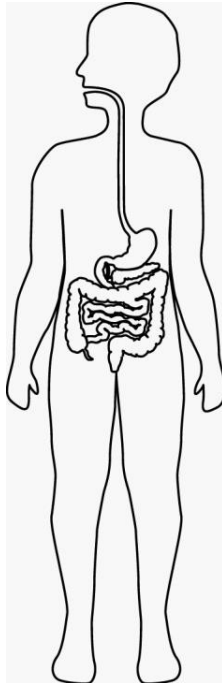


**Questionnaire on Pediatric Gastrointestinal Symptoms,
Rome IV Version (QPGS-RIV)**

(Adapted from the Questionnaire on Pediatric Gastrointestinal Symptoms,
Walker, Caplan-Dover, & Rasquin-Weber, 2000)

**Self-Report Form for Children and Adolescents
(10 years of age and older)**



Instructions

This questionnaire is about your digestive system (esophagus, stomach, small intestine, and colon) and problems you can have with it. Certain problems may apply to you and others will not.

Please try to answer all of the questions as best as you can.

If you have any questions, the research assistant will be glad to help!

Section A. Pain and Uncomfortable Feelings Above the Belly Button

The dotted line in the picture below shows an area ABOVE your belly button where children sometimes hurt, feel pain, or have an uncomfortable feeling. Some words for these feelings are stomachaches, nausea, bloating, or feeling full after eating very little.



Above the Belly Button

The questions in this section are about pain and uncomfortable feelings ABOVE the belly button that you may have had in the past month. Children can have pain and uncomfortable feelings in more than one area of the belly. In different parts of the questionnaire, you will be asked about other areas in your belly.

1. In the past month, on how many days did you have pain, stomach ache or belly ache *above the belly button* (even if it only lasted a small part of the day)?
0. ☐ Never
1. ☐ 1 day
2. ☐ 2 days
3. ☐ 3 days
4. ☐ 4 days
5. ☐ 5 days or more

2. In the past month, on how many days did you have burning in your chest (even if it only lasted a small part of the day)?
0. ☐ Never
1. ☐ 1 day
2. ☐ 2 days
3. ☐ 3 days
4. ☐ 4 days
5. ☐ 5 days or more

3. In the past month, on how many days did you feel uncomfortably full or have nausea or bloating after a normal sized meal (the amount you usually eat)?
0. ☐ Never
1. ☐ 1 day
2. ☐ 2 days
3. ☐ 3 days
4. ☐ 4 days
5. ☐ 5 days or more

4. In the past month, on how many days were you NOT able to finish your meal because you felt too full?
0. ____ Never
 1. ____ 1 day
 2. ____ 2 days
 3. ____ 3 days
 4. ____ 4 days
 5. ____ 5 days or more

If you have NOT had ANY pain or uncomfortable feelings in the past month (you answered Never to ALL questions 1-4), please go to Section B.

5. When you feel uncomfortable above your belly button (pain, stomach ache, belly ache, burning, feeling full etc.), do you also have any of the following feelings:
 (You may check one or more than one.)

- a. Bloating (your belly sticking out more than usual) 0. ____ No 1. ____ Yes
 b. Nausea (feeling sick to your stomach or like you may throw up) 0. ____ No 1. ____ Yes
 c. Burping or belching 0. ____ No 1. ____ Yes

6. When you feel uncomfortable above your belly button:

- a. Does it get worse when you eat? 0. ____ No 1. ____ Yes
 b. Does it get better when you eat? 0. ____ No 1. ____ Yes

7. How long have you felt uncomfortable above your belly button (pain, stomach ache, belly ache, burning, feeling full etc.)?

1. ____ Less than a month
 2. ____ 2 months
 3. ____ 3 months
 4. ____ 4-11 months
 5. ____ 1 year or longer

Circle a number for your answer to each question below.

In the past month, when you hurt or felt uncomfortable above the belly button, how often:	<u>Never</u>	<u>Once in a while</u>	<u>Sometimes</u>	<u>Most of the time</u>	<u>Always</u>
8. Did the pain or uncomfortable feeling happen around the time you pooped?	0	1	2	3	4
9. Were your poops softer and more mushy or watery than usual?	0	1	2	3	4
10. Were your poops harder or lumpier than usual?	0	1	2	3	4
11. Did you poop more often than usual?	0	1	2	3	4
12. Did you poop less often than usual?	0	1	2	3	4

<i>Circle a number for your answer to each question below.</i>					
In the past month, when you had a belly ache, stomach ache or pain around or below the belly button, how often:	<u>Never</u>	<u>Once in a while</u>	<u>Sometimes</u>	<u>Most of the time</u>	<u>Always</u>
4. Did the belly ache, stomach ache or pain happen around the time you pooped?	0	1	2	3	4
5. Were your poops softer and more mushy or watery than usual?	0	1	2	3	4
6. Were your poops harder or lumpier than usual?	0	1	2	3	4
7. Did you poop more often than usual?	0	1	2	3	4
8. Did you have poop less often than usual?	0	1	2	3	4

9. Are you taking medications for constipation or hard stools?

1. ☐ No
2. ☐ Yes
3. ☐ Don't know

9a. If you answered Yes, how often does your belly ache, stomach ache or pain get better if you use these medications?

- a. ☐ Never
- b. ☐ Once in a while
- c. ☐ Sometimes
- d. ☐ Most of the time
- e. ☐ Always

10. Do you ever get **severe intense pain** around the belly button that hurts so much it makes you **stop everything** that you are doing?

0. ☐ No (*if no, please go to section C*)
1. ☐ Yes

10a. When the pain hurts so much that you stop everything you are doing, how long does it usually last?

1. ☐ Less than an hour
2. ☐ 1-2 hours
3. ☐ 3-4 hours
4. ☐ Most of the day
5. ☐ The whole day

10b. IN THE PAST 6 MONTHS how often did it hurt so much around your belly button that you stopped everything you were doing?

1. _____ 1 time
2. _____ 2 times
3. _____ 3-5 times
4. _____ 6 or more times

10c. When it hurt so much around your belly button that you stopped everything you were doing, did you have any of the following?

- | | | |
|--|-------------|--------------|
| 1. Not wanting to eat | 0. _____ No | 1. _____ Yes |
| 2. Nausea (feeling sick to your stomach) | 0. _____ No | 1. _____ Yes |
| 3. Vomiting (throwing up) | 0. _____ No | 1. _____ Yes |
| 4. Pale skin | 0. _____ No | 1. _____ Yes |
| 5. Headache | 0. _____ No | 1. _____ Yes |
| 6. Eyes sensitive to light | 0. _____ No | 1. _____ Yes |

10d. When the pain around your belly button stops, how long does it usually take for another episode of severe intense pain to start?








0. _____ several minutes
1. _____ several hours
2. _____ several days
3. _____ several weeks
4. _____ several months

Section C. Bowel Movements (“Poop,” “Stool,” “Number 2”)

This section asks about your bowel movements. There are many words for bowel movements, such as “poop,” “stool,” “BM’s,” and “going to the bathroom for number 2.” Your family may use another special word when they talk about pooping.

1. In the last month, how often did you usually poop?
 1. _____ 2 times a week or less often
 2. _____ 3-6 times a week
 3. _____ Once a day
 4. _____ 2-3 times a day
 5. _____ More than 3 times a day

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

2. Look at the Bristol Stool Chart above. In the last month, what was your poop usually like?
 1. _____ Type 1
 2. _____ Type 2
 3. _____ Type 3
 4. _____ Type 4
 5. _____ Type 5
 6. _____ Type 6
 7. _____ Type 7
 8. _____ It depends (my poops are not always the same)

- 2a. If your poops were usually hard (type 1 or 2 on the pictures above), for how long have they been hard?
 0. _____ Less than 1 month
 1. _____ 1 month
 2. _____ 2 or more months
 3. _____ My poops are not usually hard

3. In the last month, did it hurt when you had a poop?
0. ____ No
1. ____ Yes
4. In the last month, did you have a poop that was so big that it clogged the toilet?
0. ____ No
1. ____ Yes
5. Some children hold in their poop even when there is a toilet they could use. They may do this by stiffening their bodies or crossing their legs. In the last month, while at home, how often did you try to hold in a poop?
0. ____ Never
1. ____ 1-3 times a month
2. ____ Once a week
3. ____ Several times a week
4. ____ Every day
6. Did a doctor or nurse ever examine you and say that you had a huge poop inside?
0. ____ No
1. ____ Yes
7. In the last month, how often did you poop in your pants?
0. ____ Never. (*If never, please go to Section D*)
1. ____ Less than once a month
2. ____ 1-3 times a month
3. ____ Once a week
4. ____ Several times a week
5. ____ Every day
- 7a. When you pooped in your pants, how much did it stain or soil your underwear?
1. ____ Underwear was only stained (no poop)
2. ____ Small amount of poop in underwear (less than a whole poop)
3. ____ Large amount of poop in underwear (a whole poop)
- 7b. For how long have you pooped in your pants?
1. ____ Less than a month
2. ____ 1 month
3. ____ 2 months
4. ____ 3-11 months
5. ____ 1 year or longer

Section D. Nausea and Vomiting

This section asks about feeling nauseated or vomiting. Nausea is when you feel sick to your stomach or feel like you may throw up. There are many words for nausea, such as “upset stomach,” “feeling queasy,” or “feeling sick to your stomach”. Your family may use a special word when talking about nausea.

1. In the past month, how often did you feel nausea or sick to your stomach?

0. ____ Never (*If never, go to question 5*)

1. 1-3 times a month

2. Once a week

3. Twice a week

4. Three times a week or more often

5. Every day

2. How long have you felt nausea or sick to your stomach?

1. Less than a month

2. 2 2 months

3. 3 months

4. 4-11 months

5. 1 year or longer

3. Does the nausea usually start after you eat? 0. _____ No 1. _____ Yes

4. When you have nausea, do you:

1. Vomit

0._____No

1. Yes

2. Feel pain

0. No

1. Yes

- 4a. If you have both pain and nausea, which one bothers you the most?

(Skip this question if you do not have both pain and nausea.)

1. _____ Nausea

2. Pain

The next questions are about vomiting. Vomiting is when food comes back from your stomach and out of your mouth. There are many words for vomiting such as “retching,” “throwing up,” “gagging” and “heaving.” Your family may use another special word when they talk about vomiting.

5. In the past month, how often did you vomit or throw up?

0. Never (If never, go to question 7)

1. 1 1-3 times a month

2. Once a week

3. Several times a week

4. Every day

6. How long have you had problems with vomiting or throwing up?

1. Less than a month

2. 2 months

3. 3 months

4. 4-11 months

5. 1 year or longer

7. IN THE PAST 6 MONTHS, how many times did you vomit or throw up *again and again without stopping for two hours or longer*?
0. _____ Never (*If never, go to question 8*)
1. _____ Once
2. _____ 2 times
3. _____ 3 times
4. _____ 4 or more times
- 7a. How long have you had problems with vomiting or throwing up again and again without stopping?
1. _____ 1 month or less
2. _____ 2-3 months
3. _____ 4-5 months
4. _____ 6 months or longer
- 7b. Do you usually feel nausea or sick to your stomach when you vomit or throw up again and again without stopping?
0. _____ No
1. _____ Yes
- 7c. When the vomiting or throwing up stops, how long does it usually take for it to happen again?
0. _____ several minutes
1. _____ several days
2. _____ several weeks
3. _____ several months or longer
8. In the past month, how often did food come back up into your mouth after eating?
0. _____ Never (*If never, go to question 9*)
1. _____ 1-3 times a month
2. _____ Once a week
3. _____ Several times a week
4. _____ Every day
- 8a. If food comes back into your mouth after eating, does this usually happen less than an hour after you eat?
0. _____ No
1. _____ Yes
- 8b. Does it happen while you are sleeping?
0. _____ No
1. _____ Yes
- 8c. Do you usually feel nausea, sick to your stomach or vomit and throw up when this happens?
0. _____ No
1. _____ Yes
- 8d. What do you usually do with the food that comes back up into your mouth?
0. _____ Swallow it
1. _____ Spit it out

9. Do you ever make yourself vomit or throw up (for example, by sticking a finger in your throat)?

0. _____ Never
 1. _____ Once in a while
 2. _____ Sometimes
 3. _____ Most of the time
 4. _____ Always

Section E. Other Symptoms

<i>Circle a number for your answer to each question</i>					
In the past month, how often did you:	<u>Never</u>	1-3 times a <u>month</u>	Once a <u>week</u>	Several times a <u>week</u>	Every <u>day</u>
1. Burp (belch) <i>again and again</i> without wanting to?	0	1	2	3	4
2. Pass a lot of gas (fart) <i>very frequently</i> ?	0	1	2	3	4
3. Develop a swollen belly during the day (a belly that definitely sticks out more than usual)?	0	1	2	3	4
4. Swallow or gulp extra air? (You might hear a clicking noise when you swallow)	0	1	2	3	4