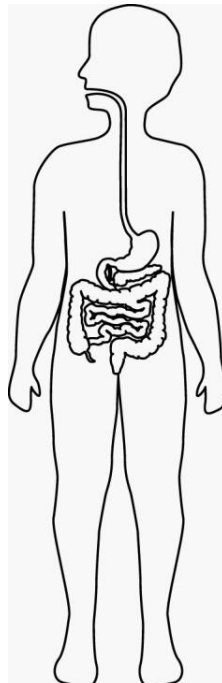


## **Questionnaire on Pediatric Gastrointestinal Symptoms, Rome IV Version (QPGS-RIV)**

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

### **Parent-Report Form for Children and Adolescents (4 years of age and older)**



#### **Instructions**

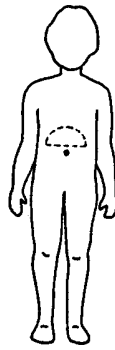
This questionnaire is about your child's digestive system (esophagus, stomach, small intestine, and colon) and problems they can have with it. Certain problems may apply to your child and others may not.

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

Please let us know if you have any questions, we'll be happy to help!

## Section A. Belly ache and Uncomfortable Feelings Above the Belly Button

The dotted line in the picture below shows an area ABOVE your child's belly button where children sometimes hurt, feel pain, or have an uncomfortable feeling. Some words for these feelings are stomach aches, 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 your child may have had in the past month. Children can have pain and uncomfortable feelings in more than one area of the belly. In a different section of the questionnaire, you will be asked about the areas around and below your child's belly button.

1. In the past month, on how many days did your child have pain, stomach ache or belly ache in the upper abdomen *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 your child have heartburn or a burning sensation in their 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 your child feel uncomfortably full, or feel nauseated or bloated after a normal sized meal (the amount your child usually eats)?
  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 was your child NOT able to finish a normal sized meal because he/she felt too full?
0. \_\_\_\_ Never  
 1. \_\_\_\_ 1 day  
 2. \_\_\_\_ 2 days  
 3. \_\_\_\_ 3 days  
 4. \_\_\_\_ 4 days  
 5. \_\_\_\_ 5 days or more

***If your child has not had ANY pain or uncomfortable feelings in the past month (answered Never to ALL questions 1-4) please go to Section B.***

5. When your child feels uncomfortable *above his or her belly button* (pain, stomach ache, belly ache, burning, feeling full, etc.), does he/she also have any of the following feelings: (you may check one or more than one).

- |   |            |             |
|---|------------|-------------|
| a. Bloating (your child's belly is unusually large) | 0. ____ No | 1. ____ Yes |
| b. Nausea (feeling sick to his/her stomach)         | 0. ____ No | 1. ____ Yes |
| c. Burping or belching                              | 0. ____ No | 1. ____ Yes |

6. When your child feels uncomfortable above his or her belly button:
- |                                    |            |             |
|------------------------------------|------------|-------------|
| a. Does it get worse with eating?  | 0. ____ No | 1. ____ Yes |
| b. Does it get better with eating? | 0. ____ No | 1. ____ Yes |

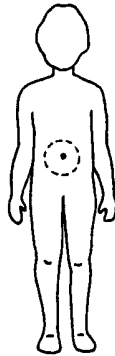
7. How long has your child had pain or other uncomfortable feelings (heartburn, feeling full, etc.) above the belly button?
1. \_\_\_\_ less than a month  
 2. \_\_\_\_ 2 months  
 3. \_\_\_\_ 3 months  
 4. \_\_\_\_ 4-11 months  
 5. \_\_\_\_ 1 year or longer

*Circle a number for your answer to each question below.*

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

## Section B. Belly Aches and Abdominal Pain Around and Below the Belly Button

The questions in this section are about the areas AROUND and BELOW your child's belly button. These areas are shown with dotted lines in the pictures below. Children sometimes have a belly ache or pain in these areas. Belly aches are sometimes milder than pain. Some children call their belly aches or pains "stomach aches" or "tummy aches."



**Around the Belly Button**



**Below the Belly Button**

1. In the past month, on how many days did your child have a belly ache, stomach ache or pain *in the area around or below 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

***If your child HAS NOT had ANY belly aches or pain in the areas around or below the belly button in the past month (answered "never" to question 1 above), please go to Section C.***

2. Does your child feel the belly ache, stomach ache or pain around or below his/her belly button only:
  - a. When eating or right after eating
    0. ☐ No
    1. ☐ Yes
  - b. (For girls only): When your child has her period
    0. ☐ No
    1. ☐ Yes
    2. ☐ My child has not started menstruation
3. How long has your child had a belly ache, stomach ache or pain around his/her belly button?
  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 your child had a belly/stomach ache or pain around or below the belly button, how often:	<u>Never</u>	<u>Once in a while</u>	<u>Some-times</u>	<u>Most of the time</u>	<u>Always</u>
4. Did the belly/stomach ache or pain happen around the time your child pooped?	0	1	2	3	4
5. Were your child's poops softer and more mushy or watery than usual?	0	1	2	3	4
6. Were your child's poops harder or lumpier than usual?	0	1	2	3	4
7. Did your child poop more often than usual?	0	1	2	3	4
8. Did your child poop less often than usual?	0	1	2	3	4

9. Does your child currently take medications for constipation/hard stools?

1. ☐ No
2. ☐ Yes
3. ☐ Don't know

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

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

10. Does your child ever get an episode of **severe intense pain** around the belly button that hurts so much it makes your child **stop everything** that he or she is doing?

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

10a. How long do these episodes of severe intense pain 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 your child get these episodes of severe intense pain?

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

10c. During the episode of severe intense pain, did your child have any of the following?

- |   |             |              |
|---|-------------|--------------|
| 1. No appetite                            | 0. _____ No | 1. _____ Yes |
| 2. Feeling sick to his/her stomach/nausea | 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 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 child’s 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 you talk about poops.

1. In the last month, how often did your child 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. <b>Entirely Liquid</b>

2. Look at the Bristol Stool Chart above. In the last month, what was your child’s 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 child’s poops are not always the same)
  
- 2a. If your child’s poops were usually hard (type 1 or 2 on the scale above), for how long have they been hard?
  0. \_\_\_\_\_ Less than 1 month
  1. \_\_\_\_\_ 1 month
  2. \_\_\_\_\_ 2 or more months
  3. \_\_\_\_\_ My child’s poops are not usually hard

3. In the last month, did it hurt when your child had a poop?  
0. ☐ No  
1. ☐ Yes
4. In the last month, did your child 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 your child 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 your child and say that he or she had a huge poop inside?  
0. ☐ No  
1. ☐ Yes
7. In the last month, how often did your child poop in his or her 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 your child pooped in his or her pants, how much did it stain or soil their 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 has your child pooped in his or her pants?  
1. ☐ Less than a month  
2. ☐ 1 month  
3. ☐ 2 months  
4. ☐ 3-11 months  
5. ☐ 1 year or longer



This section asks about feeling nauseated or vomiting. Nausea is when your child feels sick to their stomach or feels like they may throw up. There are many words for nausea, such as “upset stomach,” “feeling queasy,” or “feeling sick to the stomach.”

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

- 9

7. IN THE PAST 6 MONTHS, how many times did your child vomit (throw up) *again and again without stopping for two hours or longer?*

- 0. \_\_\_\_ Never (*If never, please go to question 8*)
- 1. \_\_\_\_ Once
- 2. \_\_\_\_ 2 times
- 3. \_\_\_\_ 3 times
- 4. \_\_\_\_ 4 or more times

7a. For how long has your child had episodes of vomiting again and again without stopping?

- 1. \_\_\_\_ 1 month or less
- 2. \_\_\_\_ 2-3 months
- 3. \_\_\_\_ 4-5 months
- 4. \_\_\_\_ 6 months or longer

7b. Does your child usually feel nauseated or sick to his or her stomach when vomiting 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 start 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 child's 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 child's mouth after eating, does this usually happen less than an hour after your child eats?

- 0. \_\_\_\_ No
- 1. \_\_\_\_ Yes

8b. Does it happen while your child is asleep?

- 0. \_\_\_\_ No
- 1. \_\_\_\_ Yes

8c. Does your child usually feel nauseated, sick to the stomach or vomit and throw up when this happens?

- 0. \_\_\_\_ No
- 1. \_\_\_\_ Yes

8d. What does your child usually do with the food that comes back up into his or her mouth?

0. \_\_\_\_\_ Swallow it

1. \_\_\_\_\_ Spit it out

9. Does your child ever make him or herself vomit or throw up (e.g., by sticking a finger in his or her 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 child's answer to each question</i>					
<b>In the past month, how often did your child:</b>	<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 your child swallows)	0	1	2	3	4