Scoring for Questionnaire on Pediatric Gastrointestinal Symptoms
Form A: Parents of Children and Adolescents
(Walker, Caplan-Dover, & Rasquin-Weber, 2000)

Note: For each diagnosis, all items in brackets must be endorsed to meet symptom criteria

I. Functional Dyspepsia: Ulcer-like
Meets criteria: ___ YES ___ NO

- (A 1) Upper abdominal pain or discomfort "several times a week" or more often
- (A 2) Pain in the upper abdomen is endorsed
- (A 3) Pain is the primary symptom
- (A 5) Duration of upper abdominal pain or discomfort is "3 months" or longer
- (A 8) Relief with defecation is rare; "once in a while" or less often
- (A 9) softer stools; and (A 10) harder stools
- (A 11) more stools; and (A 12) fewer stools

II. Functional Dyspepsia: Dysmotility-like
Meets criteria: ___ YES ___ NO

- (A 1) Upper abdominal pain or discomfort "several times a week" or more often
- One or more of the following symptoms is endorsed:
  - (A 2b) Nausea
  - (A 2c) Bloating
  - (A 2d) Feeling of fullness
  - (A 2e) Early satiety
- (A 3) Discomfort is primary symptom
- (A 5) Duration of upper abdominal pain or discomfort is "3 months" or longer
- (A 8) Relief with defecation is rare; "once in a while" or less often
- (A 9) softer stools; and (A 10) harder stools
- (A 11) more stools; and (A 12) fewer stools

III. Functional Dyspepsia: Unspecified
Meets criteria: ___ YES ___ NO

- (A 1) Upper abdominal pain or discomfort "several times a week" or more often
- (A 5) Duration of upper abdominal pain or discomfort is "3 months" or longer
- Does not meet criteria any of the following:
  - Ulcer-like Functional Dyspepsia
  - Dysmotility-like Functional Dyspepsia
  - Irritable Bowel Syndrome

IV. Functional Abdominal Pain
Meets criteria: ___ YES ___ NO

- (B1) Periumbilical/lower abdominal pain "several times a week" or more often
- (B3) Duration of abdominal pain is "3 months" or longer
- (B 23) Association with menses is "no" or "not applicable" [for Boys, Not Applicable]
- (B 11) Pain did not worsen after eating; "sometimes" or less often
- (B 12) Pain did not improve after eating; "sometimes" or less often
- (B 5) Relief with defecation is rare; "sometimes" or less often
- Association with change in stool consistency is rare; "sometimes" or less often for
  - (B 6) softer stools; and (B 7) harder stools
- Association with change in stool frequency is rare; "sometimes" or less often for
  - (B 8) more stools; and (B 9) fewer stools
- Limitation in activities "1-3 times/month" or more often:
  - (E2) at school; or (E8) with friends or at home
- Does not meet criteria for other functional gastrointestinal disorders with abdominal pain as a criterion.
V. Irritable Bowel Syndrome

Meets criteria: ___ YES    ___ NO

Lower Abdominal Pain associated with bowel symptoms

[ ] (B 1) Periumbilical/lower abdominal pain/discomfort "once a week" or more often
[ ] (B 3) Duration of periumbilical/lower abdominal pain/discomfort is "3 months" or longer
[ ] At least two of the following “sometimes” or more often:
   ___  Change in consistency of bowel movements: ___ (B 6) softer; or ___ (B 7) harder
   ___  Change in frequency of bowel movements: ___ (B 8) more; or ___ (B 9) fewer

and/or Upper Abdominal Pain associated with bowel symptoms

[ ] (A 1) Upper abdominal pain or discomfort "once a week" or more often
[ ] (A 5) Duration of upper abdominal pain/discomfort is "3 months" or longer
[ ] At least two of the following “sometimes” or more often:
   ___  (A 8) Relief with defecation
   ___  Change in consistency of bowel movements: ___ (A 9) softer; or ___ (A 10) harder
   ___  Change in frequency of bowel movements: ___ (A 11) more; or ___ (A 12) fewer

VI. Abdominal Migraine

Meets criteria: ___ YES    ___ NO

[ ] (B27) In the past year, 3 or more episodes of severe pain lasting hours and causing impairments
[ ] (B 27a) Symptom-free periods between pain episodes
[ ] Two or more of the following:
   ___  (14) Family history of migraine
   ___  (B 13) Sensitivity to light during pain "most of the time" or more often
   ___  Headache during pain "most of the time" or more often:
       __ (B 14) Headache; and/or __ (B15) Headache on one side of head
   ___  (B 26) One early warning symptom (___ blurred vision; ___ numbness/tingling;
                  ___ difficulty speaking; ___ paralysis)

VII. Functional Fecal Retention

Meets criteria: ___ YES    ___ NO

[ ] (C 13) Child has abnormally thick bowel movements, but infrequently: "once a week" or less often
[ ] Retention "several times a week" or more often, as indicated by:
   ___ (C 14) Holding in; or ___ (C15) Fear; or ___ (C16) Posturing

VIII. Functional Non-retentive Fecal Soiling

Meets criteria: ___ YES    ___ NO

[ ] (1, 5) Child is 4 years of age or older
[ ] (C 19) Soiling “once a week” or more often
[ ] (C 19a) "Small" or "Large" amount of stool present (not just a stain)
[ ] (C 19e) Duration of soiling is "3 months" or longer
[ ] Child rarely shows signs of retention "once a week" or less often is indicated for:
    ___ (C 14) Holding in; and ___ (C15) Fear; and ___ (C16) Posturing

IX. Aerophagia

Meets criteria: ___ YES    ___ NO

[ ] (D 8) Visibly swollen abdomen "several times a week" or more often
[ ] At least one of the following:
    ___  (D 6) Repeated burping "several times a week" or more often
    ___  (D 7) Frequently passes gas "several times a week" or more often
[ ] (D 10) Swallowing air occurs "several times a week" or more often

X. Cyclic Vomiting Syndrome

Meets criteria: ___ YES    ___ NO

[ ] (D 11) Three or more episodes of repeated vomiting in the past year
[ ] (D 11b) Presence of nausea is “yes”
[ ] (D 11c) Occurrence of wellness intervals is “yes”