Questionnaire on Gastrointestinal Symptoms in Children
(Walker, Caplan-Dover, & Rasquin-Weber, 2000)

Research Form A:
Parents of Children and Adolescents
(4-17 years old)

Instructions
This questionnaire concerns the usual functioning of your child’s digestive system and the gastrointestinal symptoms or problems that your child can have. Some of these symptoms apply to your child and others do not. In certain cases, you may not know about your child’s more private problems and you will be able to indicate that you do not know.
Please try to answer all of the questions as best as you can.

If you need an explanation, the research assistant will be glad to help!

1. Today’s date: month:______ day:______ year:

2. Child’s name: ________________________________

3. Your relationship to child: ___ mother ___ father ___ other (Please specify: ____________)

4. Is your child a boy or a girl?
   1. ___ boy
   2. ___ girl

5. Child’s date of birth: month:______ day:______ year:______

6. To which ethnic group does your child belong?
   1. ___ African-American
   2. ___ Asian/Pacific Islander
   3. ___ Hispanic/Latino
   4. ___ Native American
   5. ___ White (Caucasian)
   6. ___ Other (Please specify: _________________)

7. Does your child have any chronic (recurring) health problems (such as seizures, asthma, diabetes)?
   0. ___ No
   1. ___ Yes. Please describe your child’s health problems: ________________________________

8. Does your child take any prescription or nonprescription medications or treatments?
   0. ___ No
   1. ___ Yes. Please list current medications or treatments: ________________________________

9. Has your child ever had surgery?
   0. ___ No
   1. ___ Yes. Please specify type of surgery and child’s age at the time of surgery:

10. Does your child have any allergies? For example, does your child have hay fever or allergic reactions to milk, other foods, or medications?
    0. ___ No
    1. ___ Yes. Please specify type of allergy: ________________________________
11. Does your child have any developmental problems? For example, does your child have a learning disability or developmental delay?
   0. ___ No
   1. ___ Yes. Please specify: __________________________________________

12. Some children are taught at home because they are too sick to go to school. Is your child taught at home because of illness?
   0. ___ No
   1. ___ Yes

13. Please indicate if anyone in your child’s biological family has a gastrointestinal disorder (such as ulcer, Crohn’s Disease, pancreatitis, irritable bowel syndrome).
   0. ___ No  1. ___ Yes  Your child’s mother (Condition:______________________)
   0. ___ No  1. ___ Yes  Your child’s father (Condition:______________________)
   0. ___ No  1. ___ Yes  Your child’s sister (Condition:______________________)
   0. ___ No  1. ___ Yes  Your child’s brother (Condition:______________________)
   0. ___ No  1. ___ Yes  Other (who?:________________ Condition:________________)

14. Please indicate if anyone in your child’s biological family has migraine headaches.
   0. ___ No  1. ___ Yes  Your child’s mother
   0. ___ No  1. ___ Yes  Your child’s father
   0. ___ No  1. ___ Yes  Your child’s sister
   0. ___ No  1. ___ Yes  Your child’s brother
   0. ___ No  1. ___ Yes  Other (Specify who:_______________________________)

15. Do you have any concerns about your child’s eating habits, bowel movements, toilet training, vomiting, abdominal pain, or other health problems? Please describe your concerns below:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Section A. Pain and Discomfort in the Upper Abdomen (Above the Navel).

This section is about abdominal pain, stomach aches, and other abdominal discomfort in the upper abdomen, above the navel, that your child may have had in the last 3 months (see figure below). These symptoms may include pain or uncomfortable sensations such as nausea, bloating, a feeling of fullness, or not being hungry after eating very little. (Your child may have had pain or discomfort in more than one area of the abdomen. Section B of the questionnaire will ask about pain or discomfort around and/or below the navel.)

1. In the last 3 months, how often did your child have pain or discomfort (nausea, bloating, feeling of fullness, and/or not being hungry after eating very little) in the upper abdomen above the navel?
   0. ___ Never
   1. ___ Less than once a month
   2. ___ One to three times a month
   3. ___ Once a week
   4. ___ Several times a week
   5. ___ Every day

   If your child has not had ANY pain or discomfort in the upper abdomen in the past 3 months, please go to Section B.

2. Which of the following symptoms did your child have in the upper abdomen above the navel? (You may check one or more symptoms.)
   a. Pain 0. ___ No 1. ___ Yes
   b. Nausea 0. ___ No 1. ___ Yes
   c. Bloating 0. ___ No 1. ___ Yes
   d. Feeling of fullness 0. ___ No 1. ___ Yes
   e. Not being hungry after eating very little 0. ___ No 1. ___ Yes

3. In the last 3 months, which bothered your child the most?
   1. ___ Pain in the upper abdomen
   2. ___ A feeling in the upper abdomen that was uncomfortable but not painful (for example, nausea, bloating, a feeling of fullness, or not being hungry after eating very little).
   3. ___ Both. 7. ___ I don't know which bothered my child the most.
4. In the last 3 months, what was the usual intensity of your child’s pain or discomfort in the upper abdomen above the navel?
   1. ___ Mild
   2. ___ Moderate
   3. ___ Severe
   4. ___ Very Severe

5. For how long has your child had pain or discomfort in the upper abdomen above the navel?
   1. ___ One month or less
   2. ___ Two months
   3. ___ Three months
   4. ___ Four to Eleven months
   5. ___ One year or longer

6. In the last 3 months, when your child had pain or discomfort in the upper abdomen above the navel, how long did it usually last?
   1. ___ Less than an hour
   2. ___ One to Two hours
   3. ___ Three to Four hours
   4. ___ Most of the day
   5. ___ One or more days

7. In the last 3 months, how often did antacids relieve your child’s pain or discomfort in the upper abdomen above the navel?
   8. ___ Does not apply; child did not take antacids
   0. ___ Never
   1. ___ Once in a while
   2. ___ Sometimes
   3. ___ Most of the time
   4. ___ Always

Circle a number to indicate your response to each question.

In the last 3 months, when your child had pain or discomfort in the upper abdomen above the navel, how often:

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Once in a while</th>
<th>Sometimes</th>
<th>Most of the time</th>
<th>Always</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Did it get better after having a bowel movement?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>9. Were your child’s bowel movements softer and more mushy or watery than usual?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>10. Were your child’s bowel movements harder or lumpier than usual?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>11. Did your child have more bowel movements than usual?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>12. Did your child have fewer bowel movements than usual?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
</tbody>
</table>
Section B. Belly Aches and Abdominal Pain Around and/or Below the Navel

This section is about belly aches and abdominal pain around and/or below the navel that your child may have had in the last 3 months (see figure below). Belly aches are sometimes milder and more vague than abdominal pain. Some children refer to their belly aches or abdominal pain as “stomach aches,” or “tummy aches.”

1. In the last 3 months, how often did your child have a belly ache or abdominal pain in the area around or below the navel?
   0. ____ Never
   1. ____ Less than once a month
   2. ____ One to Three times a month
   3. ____ Once a week
   4. ____ Several times a week
   5. ____ Every day

   If your child has NOT had ANY belly aches or abdominal pain around or below the navel in the past 3 months, please go to Section C.

2. In the last 3 months, what was the usual intensity of your child’s belly aches or abdominal pain in the area around or below the navel?
   1. ____ Mild
   2. ____ Moderate
   3. ____ Severe
   4. ____ Very severe

3. For how long has your child had belly aches or abdominal pain in the area around or below the navel?
   1. ____ One month or less
   2. ____ Two months
   3. ____ Three months
   4. ____ Four to Eleven months
   5. ____ One year ago or longer

4. In the last 3 months, when your child had belly aches or abdominal pain around or below the navel, how long did it usually last?
   1. ____ Less than an hour
   2. ____ One to Two hours
   3. ____ Three to Four hours
   4. ____ Most of the day
   5. ____ One or more days
Circle a number to indicate your response to each question.

**In the last 3 months, when your child had a belly ache/pain around or below the navel, how often:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Once in a while</th>
<th>Sometimes</th>
<th>Most of the time</th>
<th>Always</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Did it get better after having a bowel movement?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>6. Were your child’s bowel movements softer and more mushy or watery than usual?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>7. Were your child’s bowel movements harder or lumpier than usual?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>8. Did your child have more bowel movements than usual?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>9. Did your child have fewer bowel movements than usual?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>10. Did your child’s belly ache or pain occur before eating or when hungry?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>11. Did the belly ache or pain get worse soon after your child ate?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>12. Did the belly ache or pain get better after your child ate?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
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<tr>
<td>13. Were your child’s eyes sensitive to light?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>14. Did your child have a headache?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>15. Did your child have a headache on one side of the head?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
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<tr>
<td>16. Did your child vomit?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>17. Was your child’s skin pale?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>18. Did your child sweat more than usual?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>19. Did your child have nausea (appeared weak and pale or felt like he/she might vomit)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>20. Did your child have a feeling of fullness?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>21. Did your child stop being hungry after eating very little?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>22. Did your child’s abdomen become bloated?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
</tbody>
</table>
23. Parents of girls only: In the last 3 months, did your daughter’s belly aches or abdominal pain around or below the navel usually occur just before or during her menstrual period?
   0. ____ No
   1. ____ Yes*
   2. _____ Check here if your daughter did not have menstrual periods.

   *23a. If yes, was the belly ache or abdominal pain different from menstrual pain?
   0. ____ No
   1. ____ Yes

24. In the last 3 months, how often did antacids relieve your child’s belly ache or abdominal pain around or below the navel?
   0. ____ Does not apply; child did not take antacids
   1. ____ Never
   2. ____ Once in a while
   3. ____ Sometimes
   4. ____ Most of the time
   5. ____ Always

25. At what time of day did your child’s belly ache or abdominal pain around or below the navel usually begin?
   1. ____ During the day, while he/she was awake
   2. ____ At night, while he/she was asleep
   3. ____ At any time of day or night

26. Did your child have any of the following symptoms within the hour before his or her belly ache or abdominal pain began?
   a. Blurred vision  0. ____ No  1. ____ Yes  7. ____ I don’t know
   b. Numbness or tingling  0. ____ No  1. ____ Yes  7. ____ I don’t know
   c. Difficulty speaking  0. ____ No  1. ____ Yes  7. ____ I don’t know
   d. Paralysis (unable to move)  0. ____ No  1. ____ Yes  7. ____ I don’t know

27. In the last year, how many times did your child have severe pain around the navel that lasted two hours or longer and caused your child to stop all activities?
   0. ____ Never
   1. ____ One to Two times
   2. ____ Three to Five times
   3. ____ Six to Nine times
   4. ____ Ten or more times

27a. Was your child in good health for several weeks or longer between the episodes of severe pain?
   0. ____ No
   8. ____ Does not apply; child did not have episodes of severe pain
   1. ____ Yes
Section C. Bowel Movements ("Poop," "Stool," "Number 2")

This section asks about your child’s bowel movements. There are many words for bowel movements. Some of these are “poop,” “stool,” “BM’s,” and “going to the bathroom for number 2.” Your family may have another special word to refer to bowel movements.

1. Has your child been completely toilet trained for at least 3 months?
   _____ No. If no, are you currently trying to toilet-train your child? 0.____ No 1.____Yes
   2.____ Yes

2. How much do you know about your child’s bowel habits? (For example, do you know the frequency and consistency of your child’s bowel movements?)
   2.____ I know a lot about my child’s bowel habits.
   1.____ I know some about my child’s bowel habits.
   0.____ I know nothing or very little about my child’s bowel habits.

3. In the last 3 months, how often did your child usually have bowel movements?
   1.____ Less than once a week
   2.____ One to Two times a week
   3.____ Three to Six times a week
   4.____ Once a day
   5.____ Two to Three times a day
   6.____ More than Three times a day
   7.____ I don’t know

4. In the last 3 months, what were your child’s bowel movements usually like?
   1.____ Very hard
   2.____ Hard
   3.____ Not too hard and not too soft
   4.____ Very soft or mushy
   5.____ Watery
   6.____ Sometimes hard; sometimes soft
   7.____ I don’t know

5. In the last 3 months, for how long did your child usually have fewer than 3 bowel movements a week?
   0.____ Never
   1.____ One week
   2.____ Two weeks
   3.____ Three weeks
   4.____ One month
   5.____ Two months
   6.____ Three or more months
   7.____ I don’t know

6. In the last 3 months, for how long were most of your child’s stools (poops) hard or like pebbles?
   0.____ Never
   1.____ One week
   2.____ Two weeks
   3.____ Three weeks
   4.____ One month
   5.____ Two months
   6.____ Three or more months
   7.____ I don’t know
7. In the last 3 months, for how long did your child have very soft, mushy, or watery bowel movements (diarrhea) 3 or more times a day?
   0. ___ Never
   1. ___ One week
   2. ___ Two weeks
   3. ___ Three weeks
   4. ___ One month
   5. ___ Two months
   6. ___ Three or more months
   7. ___ I don’t know
   Check here if child is taking laxatives (8)

8. In the last 3 months, did your child appear to feel pain when having a soft bowel movement?
   0. ___ No
   1. ___ Yes
   8. ___ Does not apply; child did not have soft bowel movements

<table>
<thead>
<tr>
<th>Circle a number to indicate your response to each question.</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the last 3 months, how often:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>9. Did your child have to rush to the bathroom for a bowel movement?</td>
</tr>
<tr>
<td>0   1   2   3   4   ___</td>
</tr>
<tr>
<td>10. Did your child have to strain (push hard) to have a bowel movement?</td>
</tr>
<tr>
<td>0   1   2   3   4   ___</td>
</tr>
<tr>
<td>11. Did your child pass mucus or phlegm (white, yellowish, stringy, or slimy material) during a bowel movement?</td>
</tr>
<tr>
<td>0   1   2   3   4   ___</td>
</tr>
<tr>
<td>12. Did your child have a feeling of not being finished after a bowel movement (like there was more that wouldn’t come out)?</td>
</tr>
<tr>
<td>0   1   2   3   4   ___</td>
</tr>
</tbody>
</table>

13. In the last 3 months, how often did your child pass stools (poops) that were much thicker (wider in diameter) than you think is normal?
   0. ___ Never
   1. ___ Less than once a month
   2. ___ One to Three times a month
   3. ___ Once a week
   4. ___ Several times a week
   5. ___ Every day

14. In the last 3 months, how often did it appear that your child was trying to hold in a bowel movement?
   0. ___ Never
   1. ___ Less than once a month
   2. ___ One to Three times a month
   3. ___ Once a week
   4. ___ Several times a week
   5. ___ Every day
15. In the last 3 months, how often was your child afraid to have a bowel movement because he/she thought it would hurt when it came out?

0. Never
1. Less than once a month
2. One to Three times a month
3. Once a week
4. Several times a week
5. Every day

7. I don’t know

16. In the last 3 months, when your child felt the need to have a bowel movement (before going to the bathroom), how often did you see your child stiffen his/her legs or squeeze his/her buttocks (bottom) and legs together?

0. Never. If never, please go to question #17.
1. Less than once a month
2. One to Three times a month
3. Once a week
4. Several times a week
5. Every day

16a. For how long has your child adopted this position when he/she felt the need to have a bowel movement?

1. One month or less
2. Two months
3. Three months
4. Four to Eleven months
5. One year ago or longer

16b. When your child is in this position, does your child:

a. Grunt and get red in the face? 0. No 1. Yes
b. Hide? 0. No 1. Yes
c. Appear to be in pain? 0. No 1. Yes
d. Become irritable? 0. No 1. Yes
e. Have a poor appetite? 0. No 1. Yes

17. After finally passing a very thick stool (poop), was your child . . .

a. more active? 0. No 1. Yes 8. Does not apply
b. in a happier mood? 0. No 1. Yes 8. Does not apply

18. In the last 3 months, did your child have a bowel movement while sleeping?

0. No
1. Yes

19. In the last 3 months, how often was your child’s underwear stained or soiled with stool (poop)?

0. Never. If never, please go to Section D.
1. Less than once a month
2. One to Three times a month
3. Once a week
4. Several times a week
5. Every day
19a. When your child soiled, how much did your child usually soil?
   1. Underwear was stained (no stool)
   2. Small amount of stool in underwear (less than a complete bowel movement)
   3. Large amount of stool in underwear (complete bowel movement)

19b. After your child passed a very large stool (poop), did the soiling stop for a day or more?
   0. No
   1. Yes

19c. For how long has your child soiled his/her underwear?
   1. One month or less
   2. Two months
   3. Three months
   4. Four to Eleven months
   5. One year or longer

Section D. Other symptoms

This section is about other digestive symptoms. Please indicate how often your child has had each symptom in the last 3 months.

<table>
<thead>
<tr>
<th>Circle a number to indicate your response to each question.</th>
<th>Never</th>
<th>1-3 times a month</th>
<th>Once a week</th>
<th>Several times a week</th>
<th>Every day</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the last 3 months, how often did your child:</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>1. Get the feeling of having a lump in his or her throat?</td>
<td>0 1 2 3 4 ____</td>
<td></td>
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<td>2. Have difficulty swallowing (food or liquids got stuck or went down abnormally)?</td>
<td>0 1 2 3 4 ____</td>
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<td>3. Have heartburn (burning pain or discomfort in the throat or chest)?</td>
<td>0 1 2 3 4 ____</td>
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<tr>
<td>4. Have acid-tasting fluid at the back of his or her throat?</td>
<td>0 1 2 3 4 ____</td>
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<tr>
<td>5. Regurgitate food into his or her throat? (Regurgitation is when food comes up but there is no nausea and the stomach muscles do not make strong contractions.)</td>
<td>0 1 2 3 4 ____</td>
<td></td>
<td></td>
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<tr>
<td>6. Burp (belch) again and again without wanting to?</td>
<td>0 1 2 3 4 ____</td>
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<td></td>
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<td></td>
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<tr>
<td>7. Pass gas very frequently?</td>
<td>0 1 2 3 4 ____</td>
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<tr>
<td>8. Have a visibly swollen or bloated abdomen?</td>
<td>0 1 2 3 4 ____</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
9. If your child’s abdomen was *visibly* swollen or bloated in the last 3 months, what time of day was it most swollen?
   1. ___ In the morning  
   2. ___ In the evening  
   3. ___ All times of day and night

10. In the last 3 months, how often did it appear that your child was swallowing air? (This may be associated with a clicking noise when swallowing)
   0. ___ Never  
   1. ___ Less than once a month  
   2. ___ One to Three times a month  
   3. ___ Once a week  
   4. ___ Several times a week  
   5. ___ Every day

11. *In the past year*, how many times did your child *vomit again and again without stopping for two hours or longer*?

   0. ___ Never. *If never, please go to Section E.*  
   1. ___ Once  
   2. ___ Twice  
   3. ___ Three times  
   4. ___ Four or more times

11a. For how long has your child been vomiting again and again without stopping for two hours or longer?

   1. ___ One month or less  
   2. ___ Two months  
   3. ___ Three months  
   4. ___ Four to Eleven months  
   5. ___ One year ago or longer

11b. Did your child usually feel nausea when he or she vomited again and again without stopping for two hours or longer?

   0. ___ No  
   1. ___ Yes

11c. Was your child in good health for several weeks or longer between the times when he or she vomited again and again?

   0. ___ No  
   1. ___ Yes
Section E. Limitations in activities because of symptoms

Circle a number to indicate your response to each question.

In the last 3 months, how often did your child miss activities at school (including class work, sports, and other activities):

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>1-3 times a month</th>
<th>Once a week</th>
<th>Several times a week</th>
<th>Every day</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Because of pain or discomfort ABOVE the navel?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___________</td>
</tr>
<tr>
<td>2. Because of belly aches or pain AROUND or BELOW the navel?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___________</td>
</tr>
<tr>
<td>3. Because of problems with bowel movements?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___________</td>
</tr>
<tr>
<td>4. Because of vomiting?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___________</td>
</tr>
<tr>
<td>5. Because of problems with passing gas or belching?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___________</td>
</tr>
<tr>
<td>6. Because of other symptoms?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___________</td>
</tr>
</tbody>
</table>

(Specify: ____________________________)

Circle a number to indicate your response to each question.

In the last 3 months, how often did your child miss activities with friends or at home:

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>1-3 times a month</th>
<th>Once a week</th>
<th>Several times a week</th>
<th>Every day</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Because of pain or discomfort ABOVE the navel?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___________</td>
</tr>
<tr>
<td>8. Because of belly aches or pain AROUND or BELOW the navel?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___________</td>
</tr>
<tr>
<td>9. Because of problems with bowel movements?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___________</td>
</tr>
<tr>
<td>10. Because of vomiting?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___________</td>
</tr>
<tr>
<td>11. Because of passing gas or belching?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___________</td>
</tr>
<tr>
<td>12. Because of other symptoms?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___________</td>
</tr>
</tbody>
</table>

(Specify: ____________________________)

ID__________________________
Circle a number to indicate your response to each question.

<table>
<thead>
<tr>
<th>In the last 3 months, how often:</th>
<th>Never</th>
<th>1-3 times a month</th>
<th>Once a week</th>
<th>Several times a week</th>
<th>Every day</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Did you or other family members miss work in order to bring your child to the doctor or to stay home when your child had any of the gastrointestinal problems described above?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
<tr>
<td>14. Were family activities limited because of your child’s gastrointestinal problems described above?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>___</td>
</tr>
</tbody>
</table>

The questionnaire ends here. Thank you very much for your help!