APPENDIX.

INFANT TODDLER QUESTIONNAIRE

How old is your child? _______

Section A

1. Has your child spit-up or vomited two or more times daily for at least 3 weeks?
   Yes  No

*If no, please go to section B

2. How often does your child spit up or vomit on average?
   _____ once a week or less
   _____ once a day
   _____ twice a day
   _____ 3 to 10 times a day
   _____ more than 10 times a day

3. My child has these other symptoms:
   Bloody vomit  Yes  No
   Not gaining weight  Yes  No
   Wheezing or trouble breathing  Yes  No
   Retching, dry heaves, try to vomit but nothing comes up
Yes        No

Tilting head and neck to one side for long periods of time
        Yes        No

4. Except for spitting up or vomiting, is your child healthy?
        Yes        No
Section B

5. For at least 3 months when not vomiting did your child bring up food, chew it, and either spit it out or swallow it?
   Yes          No

*If no, please go to section C

6. At what age did the problem start?
   ____Birth to 3 months
   ____3 to 6 months
   ____6 to 8 months
   ____9 to 12 months

7. Does the problem occur when my child is asleep?
   Yes          No

8. Does the problem occur when the infant is interacting with family or friends?
   Yes          No

9. Does your baby seem distressed during spitting up?
   Yes          No

10. Is the problem better with medicines or formula changes?
    Yes          No
Section C

11. How many times did your child have intense nausea (feeling sick to your stomach) and repeated vomiting or retching lasting hours to days?
   ______ Never
   ______ Once
   ______ Twice
   ______ Three
   ______ Four or more times

12. Between episodes does your child return to their usual state of health for weeks to months?
   Yes  No

Section D

13. Has your child been irritable, fussy or cried for no reason?
   Yes  No

*If no, skip to section E

14. How long each day is your child irritable, fussy or crying for no reason?
   ______ less than 3 hours
   ______ 3 to 6 hours
_____ more than 6 hours
_____ all the time

15. How often does your child become irritable, fussy or cry for no reason?
   ____ 1-2 days a week
   ____ 3-6 days a week
   _____ every day

16. How long has your child been irritable, fussy or crying for no reason?
   ____ less than 1 week
   ____ more than 1 week

17. Is your child’s weight gain normal?
    Yes            No
Section E

18. In the last month, how often did your child have a bowel movement (poop or open their bowels)?

____ 2 times a week or less often
____ 3 to 6 times a week
____ once a day
____ 2 to 3 times a day
____ more than 3 times a day

19. In the last month, what were your child’s poop usually like?

____ hard or very hard
____ not too hard and not too soft
____ very soft or mushy
____ runny with bits of undigested food
____ watery

19a. If your child’s poops were usually loose, how old was your child when the loose poops began?
20. Does your child pass stools when asleep?
   
   Yes    No

21. Is your child gaining weight normally?
   
   Yes    No

22. In the last 2 months, did it hurt when your child had a poop?
   
   Yes    No

23. In the last 2 months, did your child have a poop that was so big it clogged or would clog the toilet?
   
   Yes    No

24. Sometimes children try to avoid having a bowel movement (poop) by holding it in. Holding in a poop is happening if infants stiffen and straighten their body. Toddlers stand on their toes, stiffen their legs, rock back and forth holding furniture or a parent, or go to a corner or another room to hide while squatting or standing stiffly. In the last month how often did it appear that your child was trying to hold in a bowel movement (poop)?
25. Did a doctor or nurse ever examine your child and say that there was a huge poop inside?
   Yes   No

Section F

26. Does your baby struggle, grunt or cry before having a bowel movement (poop) with a soft stool:
    ____ No               ____ Yes, for:
                            ____ less than 5 min
                            ____ 5 to 9 min
                            ____ 10-20 min
                            ____ longer than 20 min

27. Except for difficult pooping, is your child healthy?
    Yes   No