



McMaster University
Canada

Child Acute Gastroenteritis Questionnaire

Self-Administered Standardized Format (CAG-SAS)

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Date

DAY	

MONTH	

YEAR			

CHILD ACUTE GASTROENTERITIS QUESTIONNAIRE -SAS

This questionnaire is developed to understand how your child has been doing during the last 24 hours. In the first section, you will be asked to answer questions about your child's physical signs and symptoms related to his or her acute gastroenteritis. In the second section, you will answer questions about any disruptions in your child's normal daily activities. In the last section you will answer questions about changes in your child's emotions or mood.

Please read these instructions for completing this questionnaire:

- Please read each question carefully and then place an "x" in the box beside the answer that best describes you.
- If you are unsure about how to answer a question, please give the best answer you can.
- If you would like to change an answer, put a line through the box you want to change. Place an "x" in the box beside the option you would like to choose instead.
- There are no right or wrong answers.
- Your answers to this questionnaire will be kept confidential.

Please continue on the next page.

CHILD ACUTE GASTROENTERITIS QUESTIONNAIRE - SELF ADMINISTERED - "CAG-SAS"

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CAG-SAS

Below is a list of questions about your child's gastroenteritis symptoms and signs.

Over the previous 24 HOURS, please indicate the severity of each of your child's gastroenteritis symptoms and signs:

(Place an "X" in one box on each line)

QUESTION:	None	Very mild	Mild	Moderate	Severe	Very Severe	Extremely severe							
1 Diarrhea	<table border="1"><tr><td>1</td></tr></table>	1	<table border="1"><tr><td>2</td></tr></table>	2	<table border="1"><tr><td>3</td></tr></table>	3	<table border="1"><tr><td>4</td></tr></table>	4	<table border="1"><tr><td>5</td></tr></table>	5	<table border="1"><tr><td>6</td></tr></table>	6	<table border="1"><tr><td>7</td></tr></table>	7
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2 Vomiting	<table border="1"><tr><td>1</td></tr></table>	1	<table border="1"><tr><td>2</td></tr></table>	2	<table border="1"><tr><td>3</td></tr></table>	3	<table border="1"><tr><td>4</td></tr></table>	4	<table border="1"><tr><td>5</td></tr></table>	5	<table border="1"><tr><td>6</td></tr></table>	6	<table border="1"><tr><td>7</td></tr></table>	7
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3 Retching	<table border="1"><tr><td>1</td></tr></table>	1	<table border="1"><tr><td>2</td></tr></table>	2	<table border="1"><tr><td>3</td></tr></table>	3	<table border="1"><tr><td>4</td></tr></table>	4	<table border="1"><tr><td>5</td></tr></table>	5	<table border="1"><tr><td>6</td></tr></table>	6	<table border="1"><tr><td>7</td></tr></table>	7
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4 Lethargy	<table border="1"><tr><td>1</td></tr></table>	1	<table border="1"><tr><td>2</td></tr></table>	2	<table border="1"><tr><td>3</td></tr></table>	3	<table border="1"><tr><td>4</td></tr></table>	4	<table border="1"><tr><td>5</td></tr></table>	5	<table border="1"><tr><td>6</td></tr></table>	6	<table border="1"><tr><td>7</td></tr></table>	7
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5 Pain	<table border="1"><tr><td>1</td></tr></table>	1	<table border="1"><tr><td>2</td></tr></table>	2	<table border="1"><tr><td>3</td></tr></table>	3	<table border="1"><tr><td>4</td></tr></table>	4	<table border="1"><tr><td>5</td></tr></table>	5	<table border="1"><tr><td>6</td></tr></table>	6	<table border="1"><tr><td>7</td></tr></table>	7
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6 Nausea	<table border="1"><tr><td>1</td></tr></table>	1	<table border="1"><tr><td>2</td></tr></table>	2	<table border="1"><tr><td>3</td></tr></table>	3	<table border="1"><tr><td>4</td></tr></table>	4	<table border="1"><tr><td>5</td></tr></table>	5	<table border="1"><tr><td>6</td></tr></table>	6	<table border="1"><tr><td>7</td></tr></table>	7
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CHILD ACUTE GASTROENTERITIS QUESTIONNAIRE - SELF ADMINISTERED - “CAG-SAS”

DateDAYMONTHYEAR

CAG-SAS

Over the previous 24 HOURS, how has your child’s acute gastroenteritis (such as diarrhea, vomiting) affected his/her normal activities:

(Place an "X" in one box on each line)

QUESTION:	Not at all	Very mildly	Mildly	Moderately	Severely	Very severely	Extremely severely
1 Eat	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>6</div>	<div>7</div>
2 Sleep	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>6</div>	<div>7</div>
3 Other daily activities	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>6</div>	<div>7</div>

CHILD ACUTE GASTROENTERITIS QUESTIONNAIRE - SELF ADMINISTERED - "CAG-SAS"

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CAG-SAS

Over the previous 24 HOURS, how much emotional discomfort or distress did your child experience as a result of his/her gastroenteritis (such as diarrhea, vomiting):

(Place an "X" in one box on each line)

QUESTION:	None at all	Very mild	Mild	Moderate	Severe	Very severe	Extremely severe
1 Clingy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 Irritable	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 Embarrassed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 Frightened	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5 Sad	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

THANK YOU