



McMaster University
Canada

Parent Acute Gastroenteritis Questionnaire

Self-Administered Standardized Format (PAG-SAS)

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

Date

DAY	

MONTH	

YEAR			

PARENT ACUTE GASTROENTERITIS QUESTIONNAIRE -SAS

This questionnaire is developed to understand how you have been doing during the last 24 hours. In the first section, you will be asked to answer questions about normal daily activities and energy levels. In the next section, you will answer questions about your mood, emotions and typical social activities in the previous 24 hours.

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.

PARENT ACUTE GASTROENTERITIS QUESTIONNAIRE - SELF ADMINISTERED - "PAG-SAS"

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Below is a list of questions about normal daily activities and energy levels.

Over the previous 24 HOURS please rate, on average, how your child's gastroenteritis has affected your normal daily activities and energy levels.

Over the previous 24 HOURS, how has your child's gastroenteritis (such as diarrhea, vomiting) affected your:

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

QUESTION:	No change	Very mildly	Mildly	Moderately	Severely	Very Severely	Extremely severely
1 Sleep	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 Daily activities – in the home (such as preparing meals, house cleaning, showering)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 Daily activities – outside the home (such as shopping, errands, work attendance)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 Level of energy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please continue to the next page.

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Over the previous 24 HOURS, how much emotional discomfort or distress did you experience as a result of your child's 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 Worry	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 Upset	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 Frustration	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 Stress	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5 Guilt	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6 Embarrassment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7 Helplessness	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PARENT ACUTE GASTROENTERITIS QUESTIONNAIRE - SELF ADMINISTERED - “PAG-SAS”

DateDAYMONTHYEAR

PAG-SAS

Over the previous 24 HOURS, how has your child’s gastroenteritis (such as diarrhea, vomiting) affected your:

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

QUESTION:	Not at all	Very mildly	Mildly	Moderately	Severely	Very severely	Extremely severely
1 Interaction with immediate family	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>6</div>	<div>7</div>
2 Interaction with friends and extended family	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>6</div>	<div>7</div>

THANK YOU