Pediatric Gastroesophageal Symptom and Quality of Life Questionnaire

PGSQ Child and Adolescent Version

Completed by Children and Adolescents 9-17 Years of Age

Hello!

We would like to know how you have been feeling over the past 7 days. Please answer the following questions. There are no "right" or "wrong" answers. Everyone has different feelings and will answer these questions differently. If you're not sure how to answer a question, just give the best answer you can.

Instructions:

For each question, you will write an "X" in the box, like this: ☒

So every question will have only one box filled in with an "X".

There is no hurry - you can take as long as you need to answer the questions.

** If you have any questions before you begin or while you're answering the questions, please ask! **

Let's Begin.
Turn the page. ☞

1. Read each statement below and tell us on <u>how many days</u> in the <u>past 7 days</u> you had each of these.

In the past 7 days, on how many days did you…	None (0 days)	1 or 2 days	3 or 4 days	5 or 6 days	Everyday (7 days)
a) have hurting or burning in your stomach above your belly button	❒	❒	❒	❒	❒
b) have hurting or burning in your chest	❒	❒	❒	❒	❒
c) have a sore throat or burning in your throat	❒	❒	❒	❒	❒
d) feel sick to your stomach or nauseated like you might throw up	❒	❒	❒	❒	❒
e) swallow throw up	❒	❒	❒	❒	❒
f) taste throw up in your mouth	❒	❒	❒	❒	❒
g) have bad breath	❒	❒	❒	❒	❒
h) burp a lot	❒	❒	❒	❒	❒
i) cough a lot for no reason	❒	❒	❒	❒	❒
j) have trouble breathing or wheezing (wheezing means you hear a whistling sound while you're breathing)	❒	❒	❒	❒	❒
k) have a scratchy voice (hoarse voice or frog in your throat)	❒	❒	❒	❒	❒
l) clear your throat a lot	❒	❒	❒	❒	❒
m) not feel like eating	❒	❒	❒	❒	❒

Go to the next page. ☞

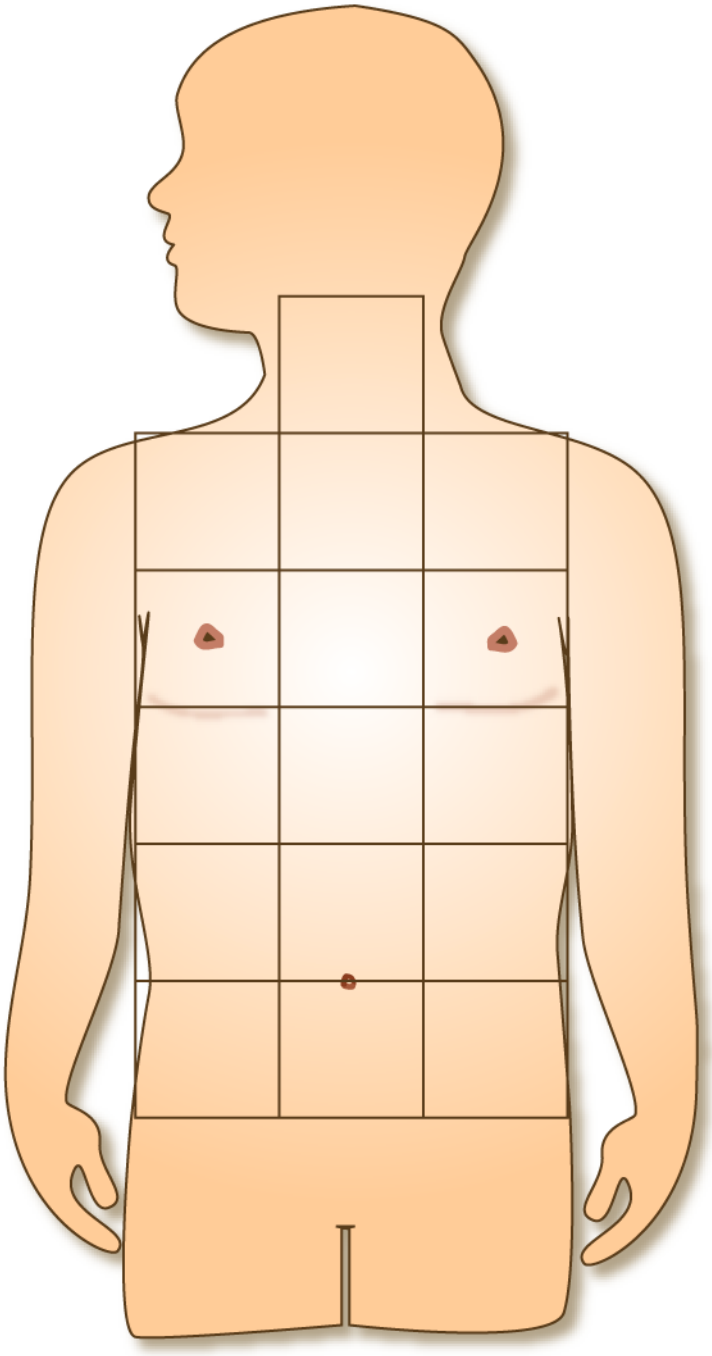
In the past 7 days, on how many days did you…	None (0 days)	1 or 2 days	3 or 4 days	5 or 6 days	Everyday (7 days)
n) have trouble falling asleep because of any of these problems	❒	❒	❒	❒	❒
o) wake up during the night because of any of these problems	❒	❒	❒	❒	❒

Go to the next page. ☞

2. Place an "X" in all squares where you had pain, ache, hurting or burning in the past 7 days.

You can put an "X" in more than 1 square.

If you did not experience any pain, ache, hurting or burning in the past 7 days, please put an "X" in this box: ❒



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Please Read:

We have a few questions for you about how your stomach/chest problems may have affected your **EVERYDAY LIFE**. There are no "right" or "wrong" answers.

By "stomach/chest" problems, we mean things like stomach pain, chest pain, throat pain, throwing up, and all of the things listed on the previous pages.

3. Please read each statement below and tell us how often you felt that way in the past 7 days.

In the past 7 days…	Never	Almost never	Sometimes	Almost always	Always
a) because of my stomach/chest/throat problems, I **didn't feel like doing anything**.	❒	❒	❒	❒	❒
b) because of my stomach/chest/throat problems, I had to **miss out on doing things with friends,** like go to their house or go to a party	❒	❒	❒	❒	❒
c) my stomach/chest/throat problems got in the way of **playing sports or doing other activities, like riding a bike, skating, gymnastics or swimming.**	❒	❒	❒	❒	❒
d) because of my stomach/chest/throat problems, I **had to lay down**	❒	❒	❒	❒	❒
e) because of my stomach/chest/throat problems, I **couldn't eat what I wanted**	❒	❒	❒	❒	❒
f) because of my stomach/chest/throat problems, I **couldn't drink what I wanted**	❒	❒	❒	❒	❒

Go to the next page. ☞

In the past 7 days…	Never	Almost never	Sometimes	Almost always	Always
g) because of my stomach/chest/throat problems, I **ate different meals** than the rest of my family	❒	❒	❒	❒	❒
h) because of my stomach/chest/throat problems, **my family had to change their plans**	❒	❒	❒	❒	❒
i) because of my stomach/chest/throat problems, I **felt tired during the day**	❒	❒	❒	❒	❒
j) because of my stomach/chest/throat problems, I **felt frustrated**	❒	❒	❒	❒	❒
k) because of my stomach/chest/throat problems, I was in a **bad mood**	❒	❒	❒	❒	❒
l) I **worried** about having stomach/chest/throat problems	❒	❒	❒	❒	❒
m) because of my stomach/chest/throat problems, I **felt upset**	❒	❒	❒	❒	❒

Go to the next page. ☞

4. **If school was in session last week, please read each statement below and tell us how often you felt that way in the <u>past 7 days</u>.**

If school was <u>not</u> in session last week, place an "x" in this box: ❒ and you're finished! Thank you for filling out this questionnaire!

In the past 7 days…	Never	Almost never	Sometimes	Almost always	Always
a) my stomach/chest problems/throat **got in the way of doing my school work or school activities**	❒	❒	❒	❒	❒
b) because of my stomach/chest/throat problems, I **had to go to the health room (nurse or office)** during school	❒	❒	❒	❒	❒
c) because of my stomach/chest/throat problems, I had a **hard time paying attention** at school	❒	❒	❒	❒	❒
d) because of my stomach/chest/throat problems, I **was absent from school**	❒	❒	❒	❒	❒
e) because of my stomach/chest/throat problems, I was **late to school**	❒	❒	❒	❒	❒
f) because of my stomach/chest/throat problems, I had to **leave school early**	❒	❒	❒	❒	❒

You're finished!

Thank you for filling out this questionnaire!