Pediatric Gastroesophageal Symptom and Quality of Life Questionnaire

PGSQ Parent Version

Completed by Parents/Legal Guardians of Children 2-8 Years of Age

Instructions:

We would like to know how your child has been feeling during the past 7 days. We have several questions for you to answer. There are no "right" or "wrong" answers. Everyone's child has different experiences and will answer the questions differently. For each question, you will write an "X" in the box, like this: ☒

Please 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! **

Please Read:

This first set of questions asks about **HOW OFTEN** your child has had different symptoms in the past 7 days. Remember, there are no right or wrong answers. Please choose the answer that you think is best. Mark an "X" in only one box for each question.

1. On how many days in the past 7 days did your child have any of the symptoms listed below? Answer based on what your child told you and what you observed.

Based on what your child told you and what you observed… On how many days in the past 7 days, did your child…	None (0 days)	1 or 2 days	3 or 4 days	5 or 6 days	Everyday (7 days)
a) have pain, ache or burning in the stomach above the belly button	❒	❒	❒	❒	❒
b) have pain, ache, or burning in the chest	❒	❒	❒	❒	❒
c) have a sore throat or burning in the throat	❒	❒	❒	❒	❒
d) throw up	❒	❒	❒	❒	❒
e) feel sick to his/her stomach or nauseated like he/she might throw up	❒	❒	❒	❒	❒
f) swallow throw up	❒	❒	❒	❒	❒
g) taste throw up in his/her mouth	❒	❒	❒	❒	❒
h) have bad breath	❒	❒	❒	❒	❒
i) burp a lot	❒	❒	❒	❒	❒
j) cough a lot for no reason	❒	❒	❒	❒	❒

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Based on what your child told you and what you observed… **On how many days in the past 7 days, did your child…**	**None (0 days)**	**1 or 2 days**	**3 or 4 days**	**5 or 6 days**	**Everyday (7 days)**
k) hiccup a lot	❒	❒	❒	❒	❒
l) have trouble breathing or wheezing	❒	❒	❒	❒	❒
m) have a scratchy voice (hoarse voice)	❒	❒	❒	❒	❒
n) clear his/her throat a lot	❒	❒	❒	❒	❒
o) not feel like eating	❒	❒	❒	❒	❒
p) have trouble falling asleep because of any of the problems listed above	❒	❒	❒	❒	❒
q) wake up during the night because of any of the problems listed above	❒	❒	❒	❒	❒

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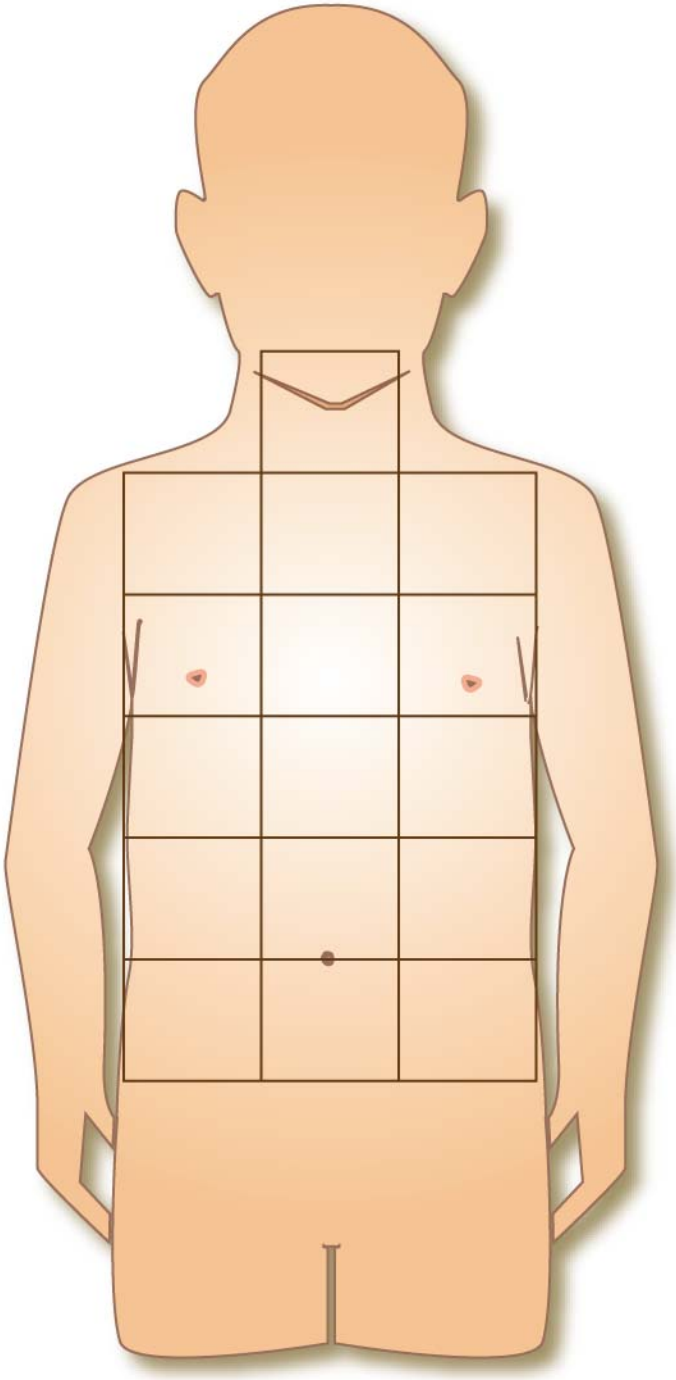
2. Place an "X" in all of the squares where your child had pain, ache, hurting or burning in the past 7 days.

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

If your child 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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Everyday Life Impact

Now we have a few questions for you about how your child's symptoms may have affected his/her **EVERYDAY LIFE**. There are no right or wrong answers. Please choose the answer that you think is best. Mark an "X" in only one box for each statement.

3. Please read each statement below and tell us how often your child felt this way in the past 7 days.

In the past 7 days, how often has your child…	Never	Almost Never	Sometimes	Almost Always	Always
a) **felt like not doing anything** because of stomach/chest/throat problems	❒	❒	❒	❒	❒
b) **missed out on doing things with friends,** like play dates or birthday parties, because of stomach/chest/throat problems	❒	❒	❒	❒	❒
c) **been unable to do physical activities that he/she wanted to do**, like play a sport, ride a bike, skate, play at the playground or park, or swim because of stomach/chest/throat problems	❒	❒	❒	❒	❒
d) had to **lay down** because of stomach/chest/throat problems	❒	❒	❒	❒	❒
e) **been unable to eat what he/she wanted** because of stomach/chest/throat problems	❒	❒	❒	❒	❒
f) been unable to **drink what he/she wanted** because of stomach/chest/throat problems	❒	❒	❒	❒	❒
g) had to eat **different meals** than the rest of the family because of stomach/chest/throat problems	❒	❒	❒	❒	❒
h) **woken up someone else** in the house because of nighttime stomach/chest/throat problems	❒	❒	❒	❒	❒

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In the past 7 days, how often has your child…	Never	Almost Never	Sometimes	Almost Always	Always
i) **felt tired during the day** because of stomach/chest/throat problems	❒	❒	❒	❒	❒
j) **felt frustrated** because of stomach/chest/throat problems	❒	❒	❒	❒	❒
k) been in a **bad mood** because of stomach/chest problems	❒	❒	❒	❒	❒
l) **worried** about having stomach/chest/throat problems	❒	❒	❒	❒	❒
m) **been upset** because of stomach/chest/throat problems	❒	❒	❒	❒	❒

In the past 7 days, how often have YOU…	Never	Almost Never	Sometimes	Almost Always	Always
n) **changed your family's plans** because of your child's stomach/chest/throat problems	❒	❒	❒	❒	❒

4. If your child is in school (including preschool or daycare) and school was in session last week, please answer the questions below.

If your child is not in school (including preschool or daycare) or school was not 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, how often	Never	Almost never	Sometimes	Almost always	Always
a) did your child's stomach/chest/throat problems **get in the way of doing his/her school work or school activities**	❒	❒	❒	❒	❒

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In the past 7 days, how often	Never	Almost never	Sometimes	Almost always	Always
b) did your child have a **hard time paying attention** at school because of stomach/chest/throat problems	❒	❒	❒	❒	❒
c) was your child **absent from school** because of stomach/chest/throat problems	❒	❒	❒	❒	❒
d) was your child **late to school** because of stomach/chest/throat problems	❒	❒	❒	❒	❒
e) did your child have to **leave school early** because of stomach/chest/throat problems	❒	❒	❒	❒	❒
f) did your child have to **go to the health room / nurse / office** because of stomach/chest/throat problems	❒	❒	❒	❒	❒