

ID# _____
FGID: _____

Hand-Scoring for QPGS, Form A
2003

Scorer: _____
Date: _____

Scoring Symptom Criteria for the Questionnaire on Gastrointestinal Symptoms

Form A: Parents of Children and Adolescents (Walker, Caplan-Dover, & Rasquin-Weber, 2000)

Instructions: For each FGID, all items in the far left column must be checked in order for the patient to meet the Rome symptom criteria.

I. Functional Dyspepsia: Ulcer-like Meets criteria: ___ YES ___ NO

- ___ (A 1) Upper abdominal pain or discomfort "several times a week" or more often
- ___ (A 2) Pain in the upper abdomen is endorsed
- ___ (A 3) Pain is the primary symptom
- ___ (A 5) Duration of upper abdominal pain or discomfort is "3 months" or longer
- ___ (A 8) Relief with defecation is rare: "once in a while" or less often
- ___ Change in stool consistency is rare: "once in a while" or less often is indicated for
 ___ (A 9) softer stools; **and** ___ (A 10) harder stools
- ___ Change in stool frequency is rare: "once in a while" or less often is indicated for
 ___ (A 11) more stools; **and** ___ (A 12) fewer stools

II. Functional Dyspepsia: Dysmotility-like Meets criteria: ___ YES ___ NO

- ___ (A 1) Upper abdominal pain or discomfort "several times a week" or more often
- ___ One or more of the following symptoms is endorsed:
 - ___ (A 2b) Nausea
 - ___ (A 2c) Bloating
 - ___ (A 2d) Feeling of fullness
 - ___ (A 2e) Early satiety
- ___ (A 3) Discomfort is primary symptom
- ___ (A 5) Duration of upper abdominal pain or discomfort is "3 months" or longer
- ___ (A 8) Relief with defecation is rare: "once in a while" or less often
- ___ Change in stool consistency is rare: "once in a while" or less often is indicated for
 ___ (A 9) softer stools; **and** ___ (A 10) harder stools
- ___ Change in stool frequency is rare: "once in a while" or less often is indicated for
 ___ (A 11) more stools; **and** ___ (A 12) fewer stools

III. Functional Dyspepsia: Unspecified Meets criteria: ___ YES ___ NO

- ___ (A 1) Upper abdominal pain or discomfort "several times a week" or more often
- ___ (A 5) Duration of upper abdominal pain or discomfort is "3 months" or longer
- ___ Does not meet criteria any of the following:
 - ___ Ulcer-like Functional Dyspepsia
 - ___ Dysmotility-like Functional Dyspepsia
 - ___ Irritable Bowel Syndrome

IV. Functional Abdominal Pain Meets criteria: ___ YES ___ NO

- ___ (B1) Periumbilical/lower abdominal pain "several times a week" or more often
- ___ (B3) Duration of abdominal pain is "3 months" or longer
- ___ (B 23) Association with menses is "no" or "not applicable" [for Boys, Not Applicable]
- ___ (B 11) Pain did not worsen after eating: "sometimes" or less often
- ___ (B 12) Pain did not improve after eating: "sometimes" or less often
- ___ (B 5) Relief with defecation is rare: "sometimes" or less often

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- _____ Association with change in stool consistency is rare: "sometimes" or less often for
_____ (B 6) softer stools; **and** _____ (B 7) harder stools
- _____ Association with change in stool frequency is rare: "sometimes" or less often for
_____ (B 8) more stools; **and** _____ (B 9) fewer stools
- _____ Limitation in activities "1-3 times/month" or more often:
_____ (E2) at school; **or** _____ (E8) with friends or at home
- _____ Does not meet criteria for other functional gastrointestinal disorders with abdominal pain as a criterion.

V. Irritable Bowel Syndrome

Meets criteria: ____ YES ____ NO

Lower Abdominal Pain associated with bowel symptoms

- _____ (B 1) Periumbilical/lower abdominal pain/discomfort "once a week" or more often
- _____ (B 3) Duration of periumbilical/lower abdominal pain/discomfort is "3 months" or longer
- _____ At least two of the following "sometimes" or more often:
_____ (B 5) Relief with defecation
_____ Change in consistency of bowel movements: ____ (B 6) softer; **or** ____ (B 7) harder
_____ Change in frequency of bowel movements: ____ (B 8) more; **or** ____ (B 9) fewer

and/or

Upper Abdominal Pain associated with bowel symptoms

- _____ (A 1) Upper abdominal pain or discomfort "once a week" or more often
- _____ (A 5) Duration of upper abdominal pain/discomfort is "3 months" or longer
- _____ At least two of the following "sometimes" or more often:
_____ (A 8) Relief with defecation
_____ Change in consistency of bowel movements: ____ (A 9) softer; **or** ____ (A 10) harder
_____ Change in frequency of bowel movements: ____ (A 11) more; **or** ____ (A 12) fewer

VI. Abdominal Migraine

Meets criteria: ____ YES ____ NO

- _____ (B27) In the past year, 3 or more episodes of severe pain lasting hours and causing impairments
- _____ (B 27a) Symptom-free periods between pain episodes
- _____ Two or more of the following:
_____ (14) Family history of migraine
_____ (B 13) Sensitivity to light during pain "most of the time" or more often
_____ Headache during pain "most of the time" or more often:
_____ (B 14) Headache; **and/or** _____ (B15) Headache on one side of head
_____ (B 26) One early warning symptom (____ blurred vision; ____ numbness/tingling; ____ difficulty speaking; ____ paralysis)

VII. Functional Fecal Retention

Meets criteria: ____ YES ____ NO

- _____ (C 13) Child has abnormally thick bowel movements, but infrequently: "once a week" or less often
- _____ Retention "several times a week" or more often, as indicated by:
_____ (C 14) Holding in; **or** _____ (C15) Fear; **or** _____ (C16) Posturing

VIII. Functional Non-retentive Fecal Soiling

Meets criteria: ____ YES ____ NO

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- ____ (1, 5) Child is 4 years of age or older
____ (C 19) Soiling "once a week" or more often
____ (C 19a) "Small" or "Large" amount of stool present (not just a stain)
____ (C 19c) Duration of soiling is "3 months" or longer
____ Child rarely shows signs of retention "once a week" or less often is indicated for:
____ (C 14) Holding in; **and** ____ (C15) Fear; **and** ____ (C16) Posturing

IX. Aerophagia

Meets criteria: ____ YES ____ NO

- ____ (D 8) Visibly swollen abdomen "several times a week" or more often
____ At least one of the following:
____ (D 6) Repeated burping "several times a week" or more often
____ (D 7) Frequently passes gas "several times a week" or more often
____ (D 10) Swallowing air occurs "several times a week" or more often

X. Cyclic Vomiting Syndrome

Meets criteria: ____ YES ____ NO

- ____ (D 11) Three or more episodes of repeated vomiting in the past year
____ (D 11b) Presence of nausea is "yes"
____ (D 11c) Occurrence of wellness intervals is "yes"