

Scoring for Questionnaire on Pediatric Gastrointestinal Symptoms

Form A: Parents of Children and Adolescents

(Walker, Caplan-Dover, & Rasquin-Weber, 2000)

Note: For each diagnosis, all items in brackets must be endorsed to meet 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
- ☐ 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☐ (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"