

ID# \_\_\_\_\_  
Date: \_\_\_\_\_

# PedsQL<sup>TM</sup>

## Gastrointestinal Symptoms Scales

Version 3.0

### TEEN REPORT (ages 13-18)

#### DIRECTIONS

On the following page is a list of things that might be a problem for you. Please tell us **how much of a problem** each one has been for you during the **past ONE month** by circling:

- 0** if it is **never** a problem
- 1** if it is **almost never** a problem
- 2** if it is **sometimes** a problem
- 3** if it is **often** a problem
- 4** if it is **almost always** a problem

There are no right or wrong answers.  
If you do not understand a question, please ask for help.

In the past **ONE month**, how much of a **problem** has this been for you ...

<b>STOMACH PAIN AND HURT (problems with...)</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some-times</b>	<b>Often</b>	<b>Almost Always</b>
1. I feel pain or hurt in my stomach	0	1	2	3	4
2. I get stomach aches	0	1	2	3	4
3. My stomach hurts	0	1	2	3	4
4. I wake up at night with stomach aches	0	1	2	3	4
5. I feel sick to my stomach	0	1	2	3	4
6. I get an upset stomach	0	1	2	3	4

<b>STOMACH DISCOMFORT WHEN EATING (problems with...)</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some-times</b>	<b>Often</b>	<b>Almost Always</b>
1. When I eat I get sick to my stomach	0	1	2	3	4
2. When I eat my stomach feels bad	0	1	2	3	4
3. My stomach hurts when I eat	0	1	2	3	4
4. My stomach feels heavy when I eat	0	1	2	3	4
5. I feel full as soon as I start to eat	0	1	2	3	4

<b>FOOD AND DRINK LIMITS (problems with...)</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some-times</b>	<b>Often</b>	<b>Almost Always</b>
1. I cannot eat some foods	0	1	2	3	4
2. I cannot drink some drinks	0	1	2	3	4
3. I am not able to eat what I want	0	1	2	3	4
4. I am not able to drink what I want	0	1	2	3	4
5. I cannot eat some foods because they make me sick	0	1	2	3	4
6. I cannot eat the foods that my friends eat	0	1	2	3	4

<b>TROUBLE SWALLOWING (problems with...)</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some-times</b>	<b>Often</b>	<b>Almost Always</b>
1. It is hard for me to swallow food	0	1	2	3	4
2. It hurts when I swallow	0	1	2	3	4
3. Food gets stuck going down	0	1	2	3	4

In the past **ONE month**, how much of a **problem** has this been for you ...

<b>HEARTBURN AND REFLUX (problems with...)</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some- times</b>	<b>Often</b>	<b>Almost Always</b>
1. I get a burning feeling in my throat	0	1	2	3	4
2. I have pain or hurt in my chest	0	1	2	3	4
3. I burp a lot	0	1	2	3	4
4. Food comes back up into my mouth after eating	0	1	2	3	4

<b>NAUSEA AND VOMITING (problems with...)</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some- times</b>	<b>Often</b>	<b>Almost Always</b>
1. I feel like throwing up	0	1	2	3	4
2. I feel like throwing up when I eat	0	1	2	3	4
3. I feel like throwing up after I eat	0	1	2	3	4
4. I throw up	0	1	2	3	4

<b>GAS AND BLOATING (problems with...)</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some- times</b>	<b>Often</b>	<b>Almost Always</b>
1. My stomach feels full of gas	0	1	2	3	4
2. My stomach feels very full	0	1	2	3	4
3. My stomach gets big and hard	0	1	2	3	4
4. I have a lot of gas	0	1	2	3	4
5. I pass a lot of gas	0	1	2	3	4
6. My stomach feels gassy	0	1	2	3	4
7. My stomach makes noises	0	1	2	3	4

In the past **ONE month**, how much of a **problem** has this been for you ...

<b>CONSTIPATION (problems with...)</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some- times</b>	<b>Often</b>	<b>Almost Always</b>
1. I still feel full after I have a bowel movement	0	1	2	3	4
2. I feel like I am not done after I have a bowel movement	0	1	2	3	4
3. I feel like I cannot get all the bowel movement to come out	0	1	2	3	4
4. It hurts when I have a bowel movement	0	1	2	3	4
5. My bowel movements are hard	0	1	2	3	4
6. My bowel movements are lumpy	0	1	2	3	4
7. I have to push hard to have a bowel movement	0	1	2	3	4
8. My poop gets stuck when I have a bowel movement	0	1	2	3	4
9. My bottom hurts after I have a bowel movement	0	1	2	3	4
10. It takes a long time for poop to come out	0	1	2	3	4
11. I have to work hard to make poop come out	0	1	2	3	4
12. I do not want to poop because it hurts	0	1	2	3	4
13. I spend a lot of time on the toilet having a bowel movement	0	1	2	3	4
14. My stomach hurts when I go poop	0	1	2	3	4

<b>BLOOD IN BOWEL MOVEMENT (problems with...)</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some- times</b>	<b>Often</b>	<b>Almost Always</b>
1. There is blood on my toilet paper after I have a bowel movement	0	1	2	3	4
2. There is blood in my bowel movement	0	1	2	3	4

<b>DIARRHEA (problems with...)</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some- times</b>	<b>Often</b>	<b>Almost Always</b>
1. I need to be near the bathroom a lot	0	1	2	3	4
2. I have to rush to the bathroom to have a bowel movement	0	1	2	3	4
3. I feel like I am always in the bathroom having a bowel movement	0	1	2	3	4
4. I wake up at night to have a bowel movement	0	1	2	3	4
5. My bowel movements are watery	0	1	2	3	4
6. I have poop accidents in my underwear	0	1	2	3	4
7. I have to have a bowel movement a lot	0	1	2	3	4