

Table 7: Abdominal Pain

A1	Do you have pain in your abdomen?	Right Upper (R1)	A1R1
		Left Upper (L1)	A1L1
		Center ©	A1C
		Right Lower (appendicitis) (Crohns) (R2)	A1R2
		Left Lower (L2)	A1L2
		Do you have nausea and vomiting?	A1N1
		Do you have fever?	A1F1
		Does the pain get worse after a fatty meal?	A1FM1
		is the pain related to your periods?	A1FP
		How does food affect your heartburn?	A2B1 (better) A2B2 (worse)
A2	Do you have heartburn?	Does the pain get worse when you lie down?	A2L1 (worse)
		Do you have an acidic taste in your mouth?	A2M1 (yes)
A3	Does it hurt when you pass urine?	Have you noticed blood in your urine?	A3U1
A4	Have you noticed blood in your stools?		
A6	Do you have a fever?		
A7	Do you have jaundice?	Have you had a blood transfusion in the last 12 months?	
		Have you been with multiple sexual partners?	
A8	Do you have diarrhea?	Duration of Diarrhea	
		Do you have fever? (infective)	
		Is there any blood or pus in your stools? (bacterial Infections)	
		Are you on any medications (drug related)	
		Is there any blood or pus in your stools? (Inflammatory Bowel Disease)	
		Have you lost weight (IBD or malabsorption)	
A9	Have you lost weight?		