PEDIATRIC CARE of KENTUCKY

STOMACH PAIN QUESTIONNAIRE

NAME: _____ **DATE**: _____

Please answer the following questions prior to your appointment and bring this questionnaire with you!

1. HOW LONG HAS THERE BEEN A PROBLEM?

2. WHERE IS PAIN LOCATED? DOES IT STAY IN ONE AREA OR MOVE AROUND?

3. HOW FREQUENT IS THE PAIN? (EX: Every day, every other day, 5 times a day, once a month, etc.)

4. WHAT DOES THE PAIN FEEL LIKE? (EX: stabbing, burning, cramping, ache, etc.)

5. HOW SEVERE IS THE PAIN? (ON A SCALE OF 0 to 10) _____. DOES IT INTERFERE WITH DAILY ACTIVITIES?

6. WHEN DOES PAIN OCCUR? IS THERE A CERTAIN TIME OF DAY WHEN IT IS MORE BOTHERSOME?

7. HOW LONG DOES THE PAIN LAST? (10 Seconds, 5 minutes, 3 hours) Please Describe.

8. DOES THE PAIN CAUSE WAKING FROM SLEEP?

9. IS THERE ANYTHING THAT CAUSES THE PAIN, OR MAKES IT WORSE? (EX: decreased sleep, stress, physical activity, excitement, menstrual period, etc.)

10. WHAT TREATMENT HAS BEEN TRIED FOR THE PAIN?
    DOES IT HELP?
    WHAT DOSE OF MEDICATION WAS GIVEN, IF ANY?
    HOW LONG WAS THE MEDICATION USED?

11. IS THERE VOMITING OR THE FEELING OF WANTING TO THROW UP? DESCRIBE._____

12. IF MENSTRUATING, WHAT ARE PERIODS USUALLY LIKE? WHEN WAS THE LAST PERIOD? HAS THERE BEEN ANY CHANGE IN PERIOD? ANY DISCHARGE? (EX: how often, how many days, cramping, how many pads on the heaviest days?)

13. HAVE THERE BEEN IMPORTANT CHANGES OR STRESSES (TROUBLE IN SCHOOL, PARENTS SEPARATING, WORRIES, A MOVE, THE LEAD IN A PLAY?)

14. DOES PAIN HAPPEN AS MUCH ON SCHOOL DAYS AS IT DOES ON WEEKENDS OR HOLIDAYS?

15. IS THERE A FAMILY HISTORY OF INTESTINAL DISEASE? (EX: ulcers, polyps, inflammatory bowel disease, irritable bowel syndrome).

16. HAVE THERE BEEN PROBLEMS WITH URINATION? (EX: Daytime accidents, increased frequency or use of the bathroom, pain, bed-wetting, etc?)

17. HOW MUCH MILK IS DRUNK EACH DAY? IF FORMULA WAS USED DURING INFANCY (WHICH ONE) _____ OR WAS BREAST MILK USED FOR FEEDING IN INFANCY?

18. IS THERE FREQUENT BURPING? PASSING A LOT OF GAS?

19. WHAT ARE BOWEL MOVEMENTS LIKE? HOW OFTEN DO BOWEL MOVEMENTS OCCUR? HAS THERE BEEN A CHANGE IN ANY BOWEL MOVEMENTS?

20. WHAT COLOR IS THE STOOL?

21. HAVE THERE BEEN PROBLEMS WITH DIARRHEA? IF SO, HOW OFTEN?

22. DOES PAIN FEEL BETTER OR WORSE AFTER A BOWEL MOVEMENT?

23. DO YOU KNOW ANYONE ELSE WITH SIMILAR STOMACH PROBLEMS?

24. WHAT TYPE OF PETS ARE AROUND?

25. ATTEND OR WORK AT A DAYCARE FACILITY?

26. WHICH MEALS ARE EATEN DAILY? IS THE DIET HEALTHY? (Please Explain)

4-04

Thank you for answering these questions. Please remember to bring this questionnaire with you to your appointment.