Appendix 3: The modified PGSQ

This first set of questions asks about HOW OFTEN your child has had different symptoms in the past 7 days. Remember, there are no right or wrong answers. Please choose the answer that you think is best. Mark an “X” in only one box for each question.

1. How many days in the past 7 days did your child:
   a. Experience pain/discomfort in the stomach/abdomen? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7
   b. Feel tired and fatigued? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7
   c. Be irritable/Grumpy? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7
   d. Have a cold or flu-like symptoms? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7
   e. Have a runny nose due to cold or flu-like symptoms? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7
   f. Have any symptoms (a to e) that you feel are best explained by a cold or flu-like illness? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7
   g. Have sore throat? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7
   h. Have a cough? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7
   i. Have a fever? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7
   j. Have a cold or flu-like illness? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7
   k. Have any other symptoms that you feel are best explained by a cold or flu-like illness? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7

2. If your child is in school (including preschool or day care) or school was not in session last week, please place an “X” in the box and write in your answers. Thanks for filling out your questionnaires.

3. If your child is in school (including preschool or day care) or school was not in session last week, please answer the questions below, and all data uploaded on school holidays are left blank.

**Everyday Life:**

Here are a few questions for you about how your child’s symptoms may have affected his/her everyday life. Remember, there are no right or wrong answers. Please choose the answer that you think is best. Mark an “X” in only one box for each question.

1. How many days in the past 7 days did your child:
   a. Be unable to concentrate or do any activities because of stomach/abdomen problems? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7
   b. Need to change sleep/eat habits due to stomach/abdomen problems? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7
   c. Need to change position to use of stomach/abdomen problems? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7
   d. Need to change sleep/eat habits due to stomach/abdomen problems? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7
   e. Need to change position to use of stomach/abdomen problems? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7
   f. Need to change position to use of stomach/abdomen problems? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7
   g. Need to change position to use of stomach/abdomen problems? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7
   h. Need to change position to use of stomach/abdomen problems? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7
   i. Need to change position to use of stomach/abdomen problems? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7
   j. Need to change position to use of stomach/abdomen problems? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7
   k. Need to change position to use of stomach/abdomen problems? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7
   l. Need to change position to use of stomach/abdomen problems? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7
   m. Need to change position to use of stomach/abdomen problems? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7
   n. Need to change position to use of stomach/abdomen problems? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7
   o. Need to change position to use of stomach/abdomen problems? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7
   p. Need to change position to use of stomach/abdomen problems? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7
   q. Need to change position to use of stomach/abdomen problems? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7
   r. Need to change position to use of stomach/abdomen problems? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7
   s. Need to change position to use of stomach/abdomen problems? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7
   t. Need to change position to use of stomach/abdomen problems? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7

2. How often did your child’s health problems affect his/her normal sleep pattern? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7

3. How often did your child’s health problems affect his/her normal meal pattern? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7

4. How often did your child’s health problems affect his/her normal routine? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7

5. How often did your child’s health problems affect his/her normal activity level? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7

6. How often did your child’s health problems affect his/her normal daily functioning? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7

7. How often did your child’s health problems affect his/her normal school attendance? □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7

Visual Analogue Scale (0=No Pain/100=Severe Pain score)

<table>
<thead>
<tr>
<th>Pain Level</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>0</td>
</tr>
<tr>
<td>Mild pain</td>
<td>20</td>
</tr>
<tr>
<td>Moderate pain</td>
<td>50</td>
</tr>
<tr>
<td>Severe pain</td>
<td>100</td>
</tr>
</tbody>
</table>

Mills S. et al. BMJ Paediatrics Open 2024; 8:e002256. doi: 10.1136/bmjpo-2023-002256