

Annex 2

Questions Coeliac Disease (to fill in by parent(s))

1. Does your child suffer from abdominal pain longer than 3 weeks (at least twice a week)? Yes / No
2. Does your child have abdominal bloating? Yes / No
3. Is your child regularly constipated and not responsive to laxatives? Yes / No
4. Does your child have diarrhoea longer than 2 weeks? Yes / No
5. Does your child suffer from vomiting longer than 3 weeks (at least twice a week)? Yes / No
6. Do you find your child easily tired in a way he/she is hindered in daily activities? Yes / No
7. Does your child regularly have aphthous stomatitis (mouth ulcers)? Yes/ No
8. Is your child regularly irritated (longer than 3 weeks, at least twice a week)? Yes / No
9. Does your child eat gluten? Yes / No
10. Has your child been diagnosed with Coeliac Disease? Yes / No

Question (to fill in by the healthcare provider)

1. Is growth (height and / or weight) restricted? Yes/No

The CD-associated symptoms included in this annex are based in the recommendations of the Guideline Coeliac Disease of the European Society for Pediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN) (1). These are, taking into account the absence of previous laboratory or other investigations, and the age of the project population.