

Pt. Name: _____

Completed By: _____

Age: _____

Date: _____

Abdominal Pain Questionnaire:

1. When did the stomach ache begin _____
2. Average duration and intensity of the SA? _____ Mins/hours
3. How long does it last and how often? _____
4. Severity of the SA on a scale of 1- 10 _____
5. When do they usually come on, what brings it on? _____
6. What does the SA keeps you from doing? _____
7. What helps relieve SA? _____ (passing a stool/eating/drinking water/vomiting)
8. When was your last stool? _____
9. Was it hard and a lot of straining to pass? _____
10. What about constipation/diarrhea/vomiting/blood in stool?
11. For girls, when was your last menstrual period? _____
12. Urine symptoms frequency/burning/smelly/hurts to pee? _____
13. How is SA affects your play/school/homework? _____
14. How do you feel overall? _____
15. Any other concerns you want to discuss? _____