



Center for
Autism and
Developmental
Disabilities
Research and
Epidemiology

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Survey of Gastrointestinal Function Appendix E 12

Public Reporting Burden Statement

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The following questions will ask about your child's dietary habits and stool patterns. Please circle your response and place the code for the response to the right of question on the lines provided.

1. **Do you feel like [CHILD]'s diet is...Please read choices below.** _____

01 = Good
02 = Limited
03 = Poor
98 = Refused
99 = Don't know

2. **Does your [CHILD] currently have any diet restrictions?** _____

01 = Yes
02 = No [Go to question 6]
98 = Refused [Go to question 6]
99 = Don't know [Go to question 6]

3. **If yes, what are the diet restrictions? Please list all.**

4. **Is [CHILD]'s diet...** _____

01 = Self restricted
02 = Parent restricted
03 = Medically prescribed
98 = Refused
99 = Don't know

5. **Why does [CHILD] have diet restrictions? Please describe symptoms that are affected by food.**

Some examples of symptoms affected by food are stool consistency or frequency (please describe), rash, and behavior.

6. **Has [CHILD] ever had difficulty swallowing on a regular basis? By regular, I mean difficulty swallowing for 2-3 weeks.** _____

01 = Yes
02 = No [Go to question 11]
98 = Refused [Go to question 11]
99 = Don't know [Go to question 11]

7. **At what age did [CHILD] have this problem? Please record the age of [CHILD] for each instance that child had this problem.**

- a. _____ months or _____ years
- b. _____ months or _____ years
- c. _____ months or _____ years

8. **What consistencies of food did [CHILD] have difficulty swallowing?**

		Yes	No	Refused	Don't know
a. Liquid	01.....02		98	99	
b. Solid	01.....02		98	99	
c. Nectar	01.....02		98	99	

9. **Has your [CHILD] ever had a swallow study?**

01 = Yes
 02 = No [Go to question 11]
 98 = Refused [Go to question 11]
 99 = Don't know [Go to question 11]

10. **Was the result of the study normal or abnormal for...**

		Normal	Abnormal	Refused	Don't know
a. Thin liquids	01.....02		98	99	
b. Solids	01.....02		98	99	
c. Nectar consistency01		02	98	99

11. **Has your [CHILD] ever rejected certain textures of food for more than 2 to 3 weeks?**

01 = Yes
 02 = No [Go to question 14]
 98 = Refused [Go to question 14]
 99 = Don't know [Go to question 14]

12. **At what age? Please record the age of [CHILD] for each instance that [CHILD] rejected textures.**

- a. _____ months or _____ years
- b. _____ months or _____ years
- c. _____ months or _____ years

13. **What textures of food did [CHILD] reject?**

	Yes	No	Refused	Don't know
a. Hard to chew.....01 (tough meat or raw carrot)		02	98	99
b. Crunchy 01.....02		98	99	
c. Mushy 01.....02		98	99	
d. Sticky 01.....02		98	99	
e. Lumps 01.....02		98	99	
f. Mixed texture.....01 (mixture of at least one or two of above textures)		02	98	99
g. Other 01.....02 [specify]_____		98	99	

14. **Do you feel that your [CHILD] currently has gastrointestinal (bowel) problems on a regular basis? By regular basis I mean more than twice a month.** _____

01 = Yes
 02 = No [Go to question 18]
 98 = Refused [Go to question 18]
 99 = Don't know [Go to question 18]

15. **Does [CHILD] have any of the following gastrointestinal problems?**

	Yes	No	Refused	Don't know
a. Vomiting 01.....02		98	99	
b. Diarrhea 01.....02		98	99	
c. Loose stools.....01		02	98	99
d. Constipation.....01		02	98	99
e. Loose stools alternating with constipation.....01		02	98	99
f. Abdominal pain with meals.....01		02	98	99
g. Abdominal pain relieved by defecation.....01		02	98	99
h. Pain on stooling.....01		02	98	99
i. Gaseousness.....01		02	98	99
j. Other 01.....02 [specify]_____		98	99	

If yes for any condition in question 15, please complete questions 16 and 17.
If no, refused or don't know for all the above conditions, go to question 18.

16.

How old was [CHILD] when problem started? Please refer back to the conditions listed in question 16 and place the letter of the condition under "Condition Code" .

CONDITION CODE	AGE PROBLEM STARTED
a. _____	_____ months or _____ years
b. _____	_____ months or _____ years
c. _____	_____ months or _____ years
d. _____	_____ months or _____ years
e. _____	_____ months or _____ years

98 = Refused
99 = Don't know

17.

How often did [CHILD] have the (PROBLEM)? Would you say it was... (Please refer to the frequency code list below in the shaded box).

CONDITION CODE	FREQUENCY CODE
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____

01 = 2-4 times
02 = 1 to 2 times per week
03 = 3-6 times per week
04 = Daily
98 = Refused
99 = Don't know

18.

Do you feel that your [CHILD] had gastrointestinal symptoms in the past that are not present now? _____

01 = Yes
02 = No **[go to question 21]**
98 = Refused **[go to question 21]**
99 = Don't know **[go to question 21]**

19.

At what age did the symptoms go away?

_____ months or _____ years

20.

What did you do that made the symptoms go away? Please be specific.

21. In the past 30 days, has [CHILD] used stool softeners, laxatives or fiber supplements?

- 01 = Yes
- 02 = No [Go to question 11]
- 98 = Refused [Go to question 11]
- 99 = Don't know [Go to question 11]

22. What was the name of the product(s)

23. How many times during the month did [CHILD] use the product?

Product 1 _____
 Product 2 _____
 Product 3 _____

24. Does your [CHILD] vomit more than once a month when not associated with an illness? _____

- 01 = Yes
- 02 = No [go to question 23]
- 98 = Refused [go to question 23]
- 99 = Don't know [go to question 23]

25. What seems to be causing the vomiting? _____

- 01 = Crying
- 02 = Stress
- 03 = Certain smells
- 04 = Eating too quickly
- 05 = Eating too much
- 06 = Reflux
- 07 = Other [specify] →
- 98 = Refused
- 99 = Don't know

Cause #1: _____

Cause #2: _____

Cause #3: _____

26. Is there ever any blood in [CHILD]'s stool? _____

- 01 = Yes
- 02 = No
- 98 = Refused
- 99 = Don't know

27. Has there ever been a time when [CHILD]'s stools were greasy, mucousy, frothy, or more foul smelling than usual, more than one time per week for a long period of time?

	Yes	No	Refused	Don't know
a. Greasy 01.....02		98	99	
b. Mucousy 01.....02		98	99	
c. Frothy 01.....02		98	99	
d. More foul smelling.....01		02	98	99

If yes for any condition in question 24, please answer question 25.
If no, refused or don't know for all conditions, please go to question 26.

28. **At what age(s)? Please refer to the letter of the conditions in question 24 and place that letter under "Condition Code".**

CONDITION CODE	AGE PROBLEM STARTED
a. _____	_____ months or _____ years
b. _____	_____ months or _____ years
c. _____	_____ months or _____ years
d. _____	_____ months or _____ years
e. _____	_____ months or _____ years

98 = Refused
99 = Don't know

29. **Has your [CHILD] ever had a severe episode of dehydration requiring medical intervention?** _____

01 = Yes
02 = No [go to question 29]
98 = Refused [go to question 29]
99 = Don't know [go to question 29]

30. **How many times has [CHILD] had these dehydration episodes?** _____ #
times

31. **What type of medical intervention did [CHILD] receive during these episodes?**

Episode 1: _____
Episode 2: _____
Episode 3: _____

We are interested in getting some more information about your [CHILD]'s current stool patterns.

32. **How many stools does [CHILD] have per day? Would you say it is...** _____

01 = 0-1 stools
02 = 2-3 stools
03 = more than 3 stools
98 = Refused
99 = Don't know

33. **How many stools does [CHILD] have per week? Would you say it was...** _____

01 = less than 3 stools
02 = 3-7 stools
03 = more than 7 stools
98 = Refused
99 = Don't know

34. **Does [CHILD] currently wear diapers?** _____

01 = Yes [go to question 32 and refer to LIST A]
02 = No [go to question 32 and refer to LIST B]
98 = Refused
99 = Don't know

35. **What is the typical consistency of your [CHILD]'s stools? Would you say it was....** _____

LIST A (use this list if child wears diapers)

01 = Separate hard lumps, like nuts or rabbit pellets
02 = Sausage-shaped but lumpy
03 = Like a sausage or snake but with cracks on its surface, form may be changed slightly by sitting on stool
04 = Like a sausage or snake, smooth and soft, may be deformed by sitting on stool
05 = Soft blobs with clear cut edges, never a sausage
06 = Runny, no form
07 = Watery, no solid pieces, soaks into diaper
98 = Refused
99 = Don't know

LIST B (use this list if child does not wear diapers)

01 = Separate hard lumps, like nuts
02 = Sausage-shaped but lumpy
03 = Like a sausage or snake but with cracks on its surface
04 = Like a sausage or snake, smooth and soft
05 = Soft blobs with clear-cut edges
06 = Fluffy pieces with ragged edges, a mushy stool
07 = Watery, no solid pieces
98 = Refused
99 = Don't know

36. **Are [CHILD]'s stools like separate hard lumps, fluffy pieces with ragged edges (mushy stool), or watery with no solid pieces two or more times per week?** _____

01 = Yes
02 = No
98 = Refused
99 = Don't know

37. **Does [CHILD] alternate between loose stools and hard stools?** _____

01 = Yes
02 = No
98 = Refused
99 = Don't know