

**Pediatric Specialists of Texas | Abdominal Pain Questionnaire  
for Patients of Dr. Catherine Brigman**

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Dear Parent,

Your child has been referred to Dr. Catherine Brigman for abdominal pain. To get the most out of our time together, it would be helpful if you could answer the following questions in advance.

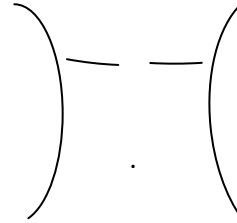
Abdominal Pain:

1. How long has your child had the pain?
  
2. How often does it occur?
  
3. How long does it last?
  
4. What does it feel like?
  
5. What makes it better?
  
6. What makes it worse?
  
7. Does eating make it better or worse, or not connected? (Circle your answer)  
Better                      Worse                      Not Connected
  
8. Are there certain foods that make it worse?
  
9. Does having a bowel movement make it better?

10. Is the abdominal pain waking your child at night?

11. Does the pain seem to be getting better, worse, or staying the same over time?

12. Where is the pain? Show on the drawing →



13. Does it move? If so, where to?

14. Have you tried any medicine for the problem so far? If so, did it help?

Name of Medicine	Helped? (Yes/No/Maybe)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

15. Has your child been growing normally?

16. Has your child lost weight? How much? (Ex. 5 pounds / 1 month)

17. Appetite is? (Circle One) Very Good Good OK Poor

18. Has your child had recurrent fever without cause?

19. Does your child vomit? Yes No How Often?

20. Has your child ever vomited blood?

21. Has your child had diarrhea? Yes No If yes, how many times per day?  
At night?
22. Has you child had constipation? Yes No If yes, how many times per  
week for BM's? Any stool accidents?
23. Any blood in the stool?
24. Any black tarry stools?
25. Has your child's abdomen been bloated?
26. Burping?
27. Passing gas?
28. Regurgitation is when stomach acid or contents comes up to mouth and then is  
swallowed -
- |                          |            |                  |
|--------------------------|------------|------------------|
| Has your child had this? | How often? | Rarely or Often? |
|--------------------------|------------|------------------|
29. Is the dentist concerned at all about enamel erosion?
30. Any problems with urination?
31. Any problems with sores in the mouth?
32. Has your child missed school because of pain?

33. Has your child been sent home early because of pain? How often?
34. How often does your child visit the nurse because of the pain?
35. Has your child been tardy because of the pain?
36. Any excess stress at home or school?
37. Has your child been to the ER or urgent care because of the pain?  
If so, when? Where?

What tests were done:

- Labs? \_\_\_\_\_
- Urine? \_\_\_\_\_
- Stool sample? \_\_\_\_\_
- Plain X-Ray? \_\_\_\_\_
- CT Abdomen? \_\_\_\_\_
- Ultrasound? \_\_\_\_\_

**Lists all tests (blood work/stool samples/radiology) your primary care doctor has done with approximate date, please:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_