ROS Questionnaire (GI Section) – under 24 months

Abdominal Pain	No	Yes		
		If yes:		
		-Frequency Daily	Monthly	> Monthly
		- Intensity Mild	Severe	Extreme
		- Severity past week None	Moderate	Severe
Bloating	No	Yes		
		If yes:		
		Mild	Severe	
Diarrhea	No	Yes		
		If yes:		
		-Frequency Daily	Monthly	> Monthly
Constipation	No	Yes		
		If yes:		
		-Frequency Daily	Monthly	> Monthly
Max # of bowel movements per day in past week:	1-2	3-4	8-10	> 10
Stool consistency on average during past week	Very hard	Hard	Loose	Watery
Vomiting	No	Yes		
		If yes:		
		-Frequency Daily	Monthly	> Monthly
Nausea	No	Yes		
		If yes:		
		-Frequency Daily	Monthly	> Monthly