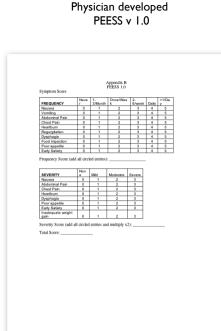
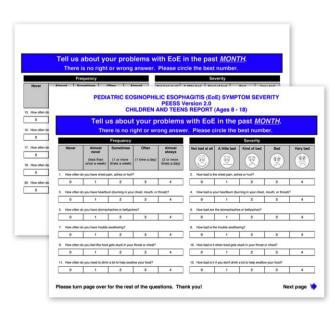
## PEESS™ v 2.0 draft I



Problems	Not at all bad	A little bad	Kind of bad	Bad	Very bad	
rain, aches or hurt 0		1	2	3	4	
ng in chest, mouth. of	0					
ng		T REPORT	FOR CHIL	DREN & 1	TEENS	
lin Tell us abou los	the problems th		as had because o it or wrong answ		the past <u>month</u> .	There is
In the past one m	<i>onth</i> , how often	do these proble	ms happen (freq	uency)? Pleas	e circle the best	number.
eat the fin Pro otl	Problems		Almost never (less than once a week)	Sometimes (1 or more times a week)	Often (1 time a day)	Almo alway (2 or m times a c
1. Chest pain, a	1. Chest pain, aches or hurt		1	2	3	4
	<ol> <li>Burning in chest, mouth, or throat (heartburn)</li> </ol>		1	2	3	4
	3. Stomachaches or bellyaches		1	2	3	4
	4. Trouble swallowing		1	2	з	4
	<ol> <li>Feeling like food gets stuck in throat or chest</li> </ol>		1	2	3	4
	<ol> <li>Needing to drink to help swallow food</li> </ol>		1	2	3	4
<ol> <li>Food coming when eating</li> </ol>	<ol> <li>Food coming back up throat when eating</li> </ol>		1	2	3	4
	<ol> <li>Not eating as much as other children the same age</li> </ol>		1	2	3	4
9 Needing mo	<ol> <li>Needing more time to eat than other children the same age</li> </ol>		1	2	3	4
other childre		_	1	2	3	4
10. Throwing up	(vomiting)	0	1	-	-	
other childre	throwing	0	1	2	3	4
10. Throwing up	throwing 't (nausea) s two or more of					4



PEESS™ v 2.0 draft 2



## Validated PEESS™ v 2.0

