

Physician developed
PEESS v 1.0

Appendix B
PEESS 1.0

Symptom Score

| FREQUENCY | Never | 1-3/month | Once/Week | 2-3/week | Daily | >1/Da |
|----------------|-------|-----------|-----------|----------|-------|-------|
| Nausea | 0 | 1 | 2 | 3 | 4 | 5 |
| Vomiting | 0 | 1 | 2 | 3 | 4 | 5 |
| Abdominal Pain | 0 | 1 | 2 | 3 | 4 | 5 |
| Chest Pain | 0 | 1 | 2 | 3 | 4 | 5 |
| Heartburn | 0 | 1 | 2 | 3 | 4 | 5 |
| Regurgitation | 0 | 1 | 2 | 3 | 4 | 5 |
| Dysphagia | 0 | 1 | 2 | 3 | 4 | 5 |
| Food impaction | 0 | 1 | 2 | 3 | 4 | 5 |
| Poor appetite | 0 | 1 | 2 | 3 | 4 | 5 |
| Early Satety | 0 | 1 | 2 | 3 | 4 | 5 |

Frequency Score (add all circled entries): _____

Severity Score (add all circled entries and multiply x2): _____

Total Score: _____

In the *past one month*, how bad have these problems been (severity)? Please circle the best number.

| Problems | Not at all bad | A little bad | Kind of bad | Bad | Very bad |
|--|----------------|--------------|-------------|-----|----------|
| 14. Chest pain, aches or hurt | 0 | 1 | 2 | 3 | 4 |
| 15. Burning in chest, mouth, or throat | 0 | 1 | 2 | 3 | 4 |
| 16. Stomach | 0 | 1 | 2 | 3 | 4 |
| 17. Trouble | 0 | 1 | 2 | 3 | 4 |
| 18. Feeling in throat | 0 | 1 | 2 | 3 | 4 |
| 19. Nodules swallow | 0 | 1 | 2 | 3 | 4 |
| 20. Food c when e | 0 | 1 | 2 | 3 | 4 |
| 21. Not eat kids the | 0 | 1 | 2 | 3 | 4 |
| 22. Needin than of age | 0 | 1 | 2 | 3 | 4 |
| 23. Thro | 0 | 1 | 2 | 3 | 4 |

PEDIATRIC EOSINOPHILIC ESOPHAGITIS (EoE) SYMPTOM SEVERITY PARENT REPORT FOR CHILDREN & TEENS

Tell us about the problems that your child has had because of his/her EoE in the past *month*. There is no right or wrong answer.

In the *past one month*, how often do these problems happen (frequency)? Please circle the best number.

| Problems | Never | Almost never (less than once a week) | Sometimes (1 or more times a week) | Often (1 time a day) | Almost always (2 or more times a day) |
|--|-------|--------------------------------------|------------------------------------|----------------------|---------------------------------------|
| 1. Chest pain, aches or hurt | 0 | 1 | 2 | 3 | 4 |
| 2. Burning in chest, mouth, or throat (heartburn) | 0 | 1 | 2 | 3 | 4 |
| 3. Stomachaches or bellyaches | 0 | 1 | 2 | 3 | 4 |
| 4. Trouble swallowing | 0 | 1 | 2 | 3 | 4 |
| 5. Feeling like food gets stuck in throat or chest | 0 | 1 | 2 | 3 | 4 |
| 6. Needing to drink to help swallow food | 0 | 1 | 2 | 3 | 4 |
| 7. Food coming back up throat when eating | 0 | 1 | 2 | 3 | 4 |
| 8. Not eating as much as other children the same age | 0 | 1 | 2 | 3 | 4 |
| 9. Needing more time to eat than other children the same age | 0 | 1 | 2 | 3 | 4 |
| 10. Throwing up (vomiting) | 0 | 1 | 2 | 3 | 4 |
| 11. Feeling like throwing up, but didn't (nausea) | 0 | 1 | 2 | 3 | 4 |
| 12. My child has two or more of these problems this often | 0 | 1 | 2 | 3 | 4 |
| 13. Other problems. They are: | 0 | 1 | 2 | 3 | 4 |

Please answer the questions on the other side of the paper. Thank you.

PEESS™ v 2.0 draft 2

Validated PEES™ v 2.0

Tell us about your problems with EoE in the past *MONTH*. There is no right or wrong answer. Please circle the best number.

| Frequency | Never | Almost never | Sometimes | Often | Almost always |
|------------------|-------|--------------|-----------|-------|---------------|
| 13. How often do | 0 | 1 | 2 | 3 | 4 |
| 15. How often do | 0 | 1 | 2 | 3 | 4 |
| 17. How often do | 0 | 1 | 2 | 3 | 4 |
| 19. How often do | 0 | 1 | 2 | 3 | 4 |
| 20. How often do | 0 | 1 | 2 | 3 | 4 |

PEDIATRIC EOSINOPHILIC ESOPHAGITIS (EoE) SYMPTOM SEVERITY PEESS Version 2.0 CHILDREN AND TEENS REPORT (Ages 8 - 18)

Tell us about your problems with EoE in the past *MONTH*. There is no right or wrong answer. Please circle the best number.

| Frequency | Never | Almost never (less than once a week) | Sometimes (1 or more times a week) | Often (1 time a day) | Almost always (2 or more times a day) |
|---|-------|--------------------------------------|------------------------------------|----------------------|---------------------------------------|
| 1. How often do you have chest pain, aches or hurt? | 0 | 1 | 2 | 3 | 4 |
| 3. How often do you have heartburn (burning in your chest, mouth, or throat)? | 0 | 1 | 2 | 3 | 4 |
| 5. How often do you have stomachaches or bellyaches? | 0 | 1 | 2 | 3 | 4 |
| 7. How often do you have trouble swallowing? | 0 | 1 | 2 | 3 | 4 |
| 9. How often do you feel like food gets stuck in your throat or chest? | 0 | 1 | 2 | 3 | 4 |
| 11. How often do you need to drink a lot to help swallow your food? | 0 | 1 | 2 | 3 | 4 |

Not bad at all | A little bad | Kind of bad | Bad | Very bad

12. How bad is it when food gets stuck in your throat or chest?

14. How bad is your heartburn (burning in your chest, mouth, or throat)?

16. How bad are the stomachaches or bellyaches?

18. How bad is the trouble swallowing?

20. How bad is it when food gets stuck in your throat or chest?

22. How bad is it if you don't drink a lot to help swallow your food?

Please turn page over for the rest of the questions. Thank you! Next page

Tell us about your problems with EoE in the past *MONTH*.

| Frequency | Never | Almost never | Sometimes | Often | Almost always |
|------------------|-------|--------------|-----------|-------|---------------|
| 17. How often do | 0 | 1 | 2 | 3 | 4 |
| 19. How often do | 0 | 1 | 2 | 3 | 4 |
| 20. How often do | 0 | 1 | 2 | 3 | 4 |

Tell us about your problems with EoE in the past *MONTH*.

| Frequency | Never | Almost never | Sometimes | Often | Almost always |
|------------------|-------|--------------|-----------|-------|---------------|
| 1. How often do | 0 | 1 | 2 | 3 | 4 |
| 3. How often do | 0 | 1 | 2 | 3 | 4 |
| 5. How often do | 0 | 1 | 2 | 3 | 4 |
| 7. How often do | 0 | 1 | 2 | 3 | 4 |
| 9. How often do | 0 | 1 | 2 | 3 | 4 |
| 11. How often do | 0 | 1 | 2 | 3 | 4 |
| 13. How often do | 0 | 1 | 2 | 3 | 4 |
| 15. How often do | 0 | 1 | 2 | 3 | 4 |

PEESS™ Pediatric Eosinophilic Esophagitis (EoE) Symptom Score Version 2.0 CHILDREN AND TEENS REPORT (Ages 8 - 18)

DIRECTIONS
Tell us about your problems with EoE in the past *MONTH*. There are no right or wrong answers. Please circle the best number.

Please answer the question in the Frequency section and then the related question in the Severity section.

| Frequency | Never | Almost never (less than once a week) | Sometimes (1 or more times a week) | Often (1 time a day) | Almost always (2 or more times a day) |
|----------------------------|-------|--------------------------------------|------------------------------------|----------------------|---------------------------------------|
| How often do you get sick? | 0 | 1 | 2 | 3 | 4 |

How bad is it when you get sick?

| Severity | Not bad at all | A little bad | Kind of bad | Bad | Very bad |
|----------------------------------|----------------|--------------|-------------|-----|----------|
| How bad is it when you get sick? | 0 | 1 | 2 | 3 | 4 |

Please turn

Office Use Only

Study ID: _____ Subject ID: _____ Date Completed: _____ / _____ / _____
Month Day Year

PEESS 2.0 (8-18) Not to be reproduced without permission. Copyright © 2015 COMAC. All rights reserved. Developed by Janus P. Francis, M.D.