

# PEESS

## Pediatric Eosinophilic Esophagitis (EoE) Symptom Severity Module

Version 2.0

PARENT REPORT FOR CHILDREN AND TEENS (Ages 2 - 18)

### DIRECTIONS

Tell us about your child's 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)
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How often does your child get sick?

0	1	2	3	4
---	---	---	---	---

#### Severity

Not bad at all 	A little bad 	Kind of bad 	Bad 	Very bad 
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How bad is it when your child gets sick?

0	1	2	3	4
---	---	---	---	---

#### Office Use Only

Study ID:

Subject ID:

Date Completed:   /   /      
Month Day Year

# Tell us about your child's problems with EoE in the past MONTH.

## 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)
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1. How often does your child have chest pain, ache, or hurt?

0	1	2	3	4
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3. How often does your child have heartburn (burning in the chest, mouth, or throat)?

0	1	2	3	4
---	---	---	---	---

5. How often does your child have stomach aches or belly aches?

0	1	2	3	4
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7. How often does your child have trouble swallowing?

0	1	2	3	4
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9. How often does your child feel like food gets stuck in his/her throat or chest?

0	1	2	3	4
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11. How often does your child need to drink a lot to help swallow food?

0	1	2	3	4
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13. How often does your child vomit (throw up)?

0	1	2	3	4
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15. How often does your child feel nauseous (feel like throwing up, but doesn't)?

0	1	2	3	4
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## Severity

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

2. How bad is your child's chest pain, ache, or hurt?

0	1	2	3	4
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4. How bad is your child's heartburn (burning in the chest, mouth, or throat)?

0	1	2	3	4
---	---	---	---	---

6. How bad are your child's stomach aches or belly aches?

0	1	2	3	4
---	---	---	---	---

8. How bad is your child's trouble swallowing?

0	1	2	3	4
---	---	---	---	---

10. How bad is it when your child gets food stuck in his/her throat or chest?

0	1	2	3	4
---	---	---	---	---

12. How bad is it when your child needs to drink a lot to help swallow food?

0	1	2	3	4
---	---	---	---	---

14. How bad is your child's vomiting (throwing up)?

0	1	2	3	4
---	---	---	---	---

16. How bad is your child's nausea (feeling like throwing up, but doesn't)?

0	1	2	3	4
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Please turn to the next page for the rest of the questions. Thank you!

Next page 

# Tell us about your child's problems with EoE in the past MONTH.

## 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)
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17. How often does your child have food come back up in his/her throat when eating?

0	1	2	3	4
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19. How often does your child eat less than others?

0	1	2	3	4
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20. How often does your child need more time to eat than others?

0	1	2	3	4
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## Severity

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

18. How bad is it when food comes back up in your child's throat?

0	1	2	3	4
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Thank you very much for participating!

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