**Functional Abdominal Pain – Assessment Measures**

**Symptom Severity**

2. *Abdominal Pain Index* (API)

Purpose of use: The API is a five-item scale used to assess the frequency, duration, and intensity of abdominal pain episodes occurring over the previous 2 weeks.

Psychometric properties:Standardized scores have been used effectively to differentiate children with chronic abdominal and their pain-free peers (Walker et al., 1997). The API, in general, has been found to have good concurrent and predictive validity as well as acceptable internal consistency (e.g., .93; Greco, Freman, & Dufton, 2007) and test-retest reliability.

Suggested next steps for validation: Important to the continued development and utility of the API will be the ongoing integration of evidence-based data concerning current conceptualizations of FGIDs.

Relevant reference(s):

1. Walker LS, Greene JW (1989). Children with recurrent abdominal pain and their parents: More somatic complaints, anxiety, and depression than other patient families? *Journal of Pediatric Psychology*, *14*, 231–243
2. Walker LS, Smith CA, Garber J, Van Slyke DA (1997). Development and validation of the pain response inventory for children. *Psychological Assessment*, *9*(4), 392-405.

3. *The Questionnaire on Gastrointestinal Symptoms in Children and Adolescents* (QPGS)

Purpose of use: The QPGS is a parent- and child-report designed to measure the frequency (i.e., never to everyday) and duration (i.e., less than an hour to all day) of abdominal pain occurring in the past 2 weeks. Items are based on the pediatric Rome II criteria for FGIDs.

Psychometric properties: In the initial validation study, it was found that up to 42% of parents could not report on their children's GI functioning. As many as 60% of parents of children 10-18 could not respond to questions about defecation and subjective symptoms. Concordance was generally fair to good, with kappas and intraclass correlations of 0.40 to 0.70 on most items. Test-retest reliability was moderate to good for the majority of items. In general, content validity of the QPGS has been established. The parent form appears to be a reliable measure for parents of children 4 to 9 years old; the companion child self-report appears to be more reliable for 10 to 18 year olds.

Suggested next steps for validation: Continued assessment of QPGS’s concurrent validity is needed (e.g., comparison of parent and child responses to evaluations by physicians or other health care providers).

Relevant reference(s):

1. Walker LS, Caplan-Dover A, Rasquin-Weber A. (2000) *Manual for the Questionnaire on Pediatric Gastrointestinal Disorder*.Department of Pediatrics, Vanderbilt University School ofMedicine, Nashville, TN, USA.
2. Caplan A, Walker LS, Rasquin A. (2005). Development and preliminary validation of the Questionnaire on Pediatric Gastrointestinal Symptoms to assess functional gastrointestinal disorders in children and adolescents. *Journal of Pediatric Gastroenterology and Nutrition*, *41*, 296–304.