

Appendix 4

THE RESULTS OF THIS HOME PERFORMANCE TEST ARE FOR USE IN GUIDING
PRODUCT DEVELOPMENT WORK, NOT FOR MARKETING DECISIONS.

RESTRICTED
DATA

HOME PERFORMANCE TEST REPORT

PD # 0292-07

PROPERTY OF HEALTH CARE DIVISION

HPT MISSION STATEMENT

TO PROVIDE PRODUCT DEVELOPMENT WITH RELIABLE AND TIMELY
CONSUMER RESEARCH INFORMATION AND UNDERSTANDING, WHILE
ENSURING GROWTH AND DEVELOPMENT OPPORTUNITIES FOR HPT
PERSONNEL.

INTERDEPARTMENTAL CORRESPONDENCE

May 14, 1992

To: W. L. Hartman

From: A. D. Otter

This summarizes the results of PD #0292-07 conducted to understand GI distress in children ages 3-12 years old and to determine a consumer definition of the phrase "overindulgence in food and/or drink". The study was conducted among a nationally representative population of parents with children ages 3-12 years old in a self-administered, mail-back questionnaire design. Results for children are based on responses from parents to questions about their children's stomach discomfort symptoms. For certain portions of the test, parents with more than one child completed separate questionnaires for each child resulting in a reportable base size of 242 for children and 159 for adults.

Background

In 12/91, the FDA issued the Tentative Final Overindulgence Monograph which eliminated the dosage instructions for children ages 3-12 years for bismuth subsalicylate. A past HPT study (PD # 1798-23) showed childhood experience was a significant factor for using Pepto-Bismol as an adult. In fact, 48% of Pepto-Bismol users cited "parents gave it to me when growing up" as a key reason for using. Elimination of the children's dosage would not be advisable if children, like adults, experience upset stomach due to overindulgence in food and drink. Additionally, the Overindulgence Monograph team wanted a clearer understanding of what the phrase "overindulgence in food and/or drink" meant to the consumer since it has been defined by the FDA to mean eating or drinking disagreeable foods and beverages as well as overeating and overdrinking.

Conclusions

Children experience upset stomach symptoms caused by food and drink. Overindulgence in food and/or drink is more strongly associated with eating and drinking too much at one time than with specific or disagreeable foods and drinks.

Findings

1. Heartburn, indigestion, and fullness/bloating are not terms commonly used by parents to describe their children's stomach distress symptoms. (Table I) This could be attributed to the limited vocabulary children have to express their discomfort symptoms to their parents or to some inherent belief by parents that children do not get these symptoms. The limited vocabulary of young children could account for the complete absence of any parent diagnosed cases of heartburn in the ages of 3-8 years, indigestion in the ages of 3-5 years, and fullness/bloating in the ages of 3-4 years. (Table II) Symptoms such as gas and nausea, which are associated with physical signals like burping, flatulence, off-color skin, or vomiting, are more easily recognized by parents than heartburn, indigestion, and fullness/bloating. Upset stomach may be a "catchall" term for any non-recognizable stomach discomfort symptom.
2. Children's upset stomach is as likely to be caused by food and drink as is adult's. (Table III) Additionally, the majority of parents (61%) claim that their children have experienced upset stomach due to overindulgence in food and/or drink.

3. Significantly more parents cite using Pepto-Bismol to treat their children's upset stomach than any other stomach remedy. (Table IV) Parents rely on Pepto-Bismol to treat their children's stomach problems. Removing the children's dosage from the label would eliminate an integral part of the upset stomach treatment regimen for parents and result in consumer confusion.
4. Only 13% of the parents have taken their children to a physician for non-allergy related stomach discomfort symptoms caused by food and/or drink. It would not be surprising if physicians were unfamiliar with the incidence of food/drink induced upset stomach symptoms in children ages 3-12 years.
5. A significant portion of adult stomach discomfort sufferers experience gas concurrently with the symptoms for which Pepto-Bismol has been shown to be effective. (Table V) This suggests a Pepto-Bismol product plus simethicone would be a beneficial product for a significant proportion of stomach remedy users. Furthermore, the majority of gas experienced by both adults and children is attributed to food versus illness, a good fit with the overindulgence indication of Pepto-Bismol. (Table I)
6. The phrase "overindulgence in food and drink" means eating and drinking (alcoholic and nonalcoholic beverages) too much at one time to the consumer. (Table VI) Eating at the wrong time of day received the lowest agreement rating for defining "overindulgence in food and/or drink". Eating before bedtime (the wrong time of day) is a problem for reflux sufferers and tends to be skewed toward an older population. The low agreement rating for "eating at the wrong time of day" could be partially attributed to the necessary skew toward a relatively young adult population induced by the recruitment criteria (parents with children ages 3-12 years) of the test.
7. Illness related causes such as cold, flu, bacteria, and virus were the most frequently mentioned causes for nausea and upset stomach whereas food related causes predominated for gas, fullness/bloating, heartburn, and indigestion. (Table VII) As in past research, heartburn and indigestion etiologies overlapped significantly. Heartburn, indigestion, and gas are primarily caused by certain types of foods or drinks. In contrast, fullness/bloating is more likely to be caused by eating and drinking too much than eating or drinking certain foods and drinks.

Indicated Actions

Submit the pertinent results of this study to the FDA to support the recommendations to 1) keep the children's dosage on Pepto-Bismol's label, and 2) include combination upset stomach/antiflatulent drugs containing bismuth subsalicylate and simethicone in the overindulgence monograph for the relief of gas and upset stomach due to overindulgence in food and drink.


Andrea Otter

cc. J. I. Goldstein, D. E. Hance, R. C. Lijana, D. A. Murcia,
M. B. Poehner, C. Russell, A. C. Shumaker

DATA TABLES FOR SUMMARY OF FD #0292-07

Table I

STOMACH DISCOMFORT SYMPTOMS: CHILDREN AND ADULTS

(Base)	<u>% Who Ever Experienced</u>	
	Children	Adults
	<u>(3-12 yrs)</u>	<u>(18+ yrs)</u>
	(242)	(159)
Upset Stomach	60	93
Nausea	42	89
Gas	33	91
Indigestion	9	83
Fullness/Bloating	9	84
Heartburn	4	80

Table II

AGE OF CHILDREN EXPERIENCING SYMPTOMS

	AGE (Years)									
	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>
Heartburn							X	X	X	X
Indigestion				X	X	X	X	X	X	X
Fullness/Bloating			X	X	X	X	X	X	X	X
Upset Stomach	X	X	X	X	X	X	X	X	X	X
Gas	X	X	X	X	X	X	X	X	X	X
Nausea	X	X	X	X	X	X	X	X	X	X

X --> at least 1 child experienced the symptom

Table III

CAUSES OF STOMACH DISCOMFORT SYMPTOMS: CHILDREN AND ADULTS

(Base = 159*)

	<u>Undue Food</u>		<u>Undue Illness</u>	
	Children	Adults	Children	Adults
	%	%	%	%
Upset Stomach	33	43	57	67
Heartburn	6	64	1	6
Indigestion	11	62	2	6
Gas	36	64	3	15
Nausea	14	28	50	72
Fullness/Bloating	4	30	1	11

* Causal data from the direct question portion of the test was used. In this portion of the test, each parent responded to the direct question for their children on a general basis (not child specific) resulting in a base size of 159 versus 242.

DATA TABLES FOR SUMMARY OF PD #0292-07

Table IV

PRODUCTS USED TO TREAT SYMPTOMS: CHILDREN

(Base)	<u>Heartburn</u> (9) %	<u>Indigestion</u> (21) %	<u>Upset Stomach</u> (146) %	<u>Gas</u> (81) %	<u>Nausea</u> (101) %	<u>Fullness/ Bloating</u> (21) %
Pepto-Bismol	56	43	51	12	42	14
Tums/Roloids	56	48	11	14	6	19
Mylanta/Maalox	11	5	4	5	5	--
Other	11	24	18	11	18	19

Table V

SYMPTOMS ACCOMPANYING GAS: ADULTS

(Base)	<u>% Who Experience Symptom with Gas</u> (159)
Diarrhea	62
Fullness/Bloating	57
Upset Stomach	55
Indigestion	44
Nausea	30
Heartburn	24

Table VI

DEFINITION OF OVERINDULGENCE: ADULTS

(Base)	<u>Agree/Disagree Rating Average</u> (159)	
<u>Overindulgence means</u>		
Too much food at one time	5.57	
Too much alcoholic beverage	5.21	<u>Scale</u>
Too much nonalcoholic beverage	4.71	1 = Strongly
Eating too quickly	4.08	Disagree
Drinking too quickly	3.77	
Eating while stressed	3.46	6 = Strongly
The wrong kind of food	3.43	Agree
The wrong kind of drink	3.03	
Eating at wrong time of day	2.84	

Table VII
 PD# 0292-07
 OVERINDULGENCE QUESTIONNAIRE
 10 MOST CITED COMBINATIONS

KEY:

- | | |
|--|-------------------------------------|
| A = Eating specific foods or beverages (Spicy/Rich/Acidic) | F = Eating at the wrong time of day |
| B = Eating food which disagrees with you,
or food which you cannot tolerate | G = Stress/Nervousness |
| C = Eating too much food at a time | H = Illness (Colds/Flu, etc.) |
| D = Drinking too much beverage at a time | I = Bacteria/Viruses |
| E = Eating or drinking too quickly | J = Fatigue |
| | K = Other (WRITE IN) _____ |

FULLNESS/BLOATING	
COMBINATION	NO. OF PANELISTS CITING COMBINATION
CD	31
CDE	19
CE	12
DE	11
HI	10
AB	8
ABCD	5
EF	5
ABC	4
AC	4
TOTAL COMBINATIONS = 83	

GAS	
COMBINATION	NO. OF PANELISTS CITING COMBINATION
AB	30
AC	12
ABC	11
HI	11
ABCE	8
BC	7
AE	6
FG	6
ABCD	5
ABH	5
TOTAL COMBINATIONS = 83	

HEARTBURN	
COMBINATION	NO. OF PANELISTS CITING COMBINATION
AB	36
ABC	22
AC	13
ABG	8
ACE	6
BC	6
ABCD	5
ABCE	5
BE	5
EG	5
TOTAL COMBINATIONS = 90	

INDIGESTION	
COMBINATION	NO. OF PANELISTS CITING COMBINATION
AB	26
ABC	18
AC	15
ABCD	13
CDE	7
ACE	6
AE	6
BE	6
GJ	6
BCD	5
TOTAL COMBINATIONS = 84	

NAUSEA	
COMBINATION	NO. OF PANELISTS CITING COMBINATION
HI	40
GHI	10
ABCD	9
GH	9
GJ	9
HIJ	9
AB	8
BHI	6
GHIJ	6
BC	5
TOTAL COMBINATIONS = 103	

UPSET STOMACH	
COMBINATION	NO. OF PANELISTS CITING COMBINATION
HI	33
ABC	16
ABCD	14
GHI	13
AB	11
ABCE	8
BC	8
GJ	8
AC	6
CD	6
TOTAL COMBINATIONS = 106	

CONSUMER RESEARCH HPT TEST REQUEST - HEALTH CARE DIVISION
 TITLE: Stomach Discomfort in Children Ages 3-12

Request Date 2/21/92
 Ret. Limit (5 Yrs) 4/97

PD#	Cities	Place Date	Recall Date	# Place	TOTAL	PLACEMENT LENGTH
0292-07	Nationally Rep	<u>wk 17</u> <u>3/9/92</u>	<u>wk 17</u> <u>3/30/92</u>	250		Each Prod. _____ Total _____ Agency Name & Job #: <u>CMP #</u>
()	()	()	()	()	250	()

DESIGN: (Est. % Elig. 30) * SEE REVERSE SIDE FOR CHECKLIST OF SPECIAL CONDITIONS
 Eligibility/Panel Requirements: Parents of children between the ages of 3-12.

TYPE TEST: [] Use [] Spot [x] Quaire [] Concept [] Ionl's [] FGI [] Other _____
 METHOD: [] Single [] Pair [] Multiple [] C & U [] Round Robin [] Other _____

PURPOSE OF TEST: To understand upper GI distress in children ages 3-12 and to determine consumer definition of "overindulgence in food and/or drink."
 SPECIFIC ACTION TO BE TAKEN WITH RESULTS: Results will be presented to FDA during the Overindulgence Tentative Final Monograph to expand the TFM to continue current Pepto indications & dosing regimen.

PANELIST TASK/POINTS TO COVER IN INTERVIEW: Detailed Brand List: [] No [] Yes

See Attachment

Product Names:	Description of Product	Number to Place & Ship		ITC A006	SWTC-B 1B38B	Outside Agency
		Total Place:	Retains:			
	N/A					

Product Packaging and Labeling:

N/A

Product Distributed by: [] Procter & Gamble [] Agency
 Address: _____
 CHARGE # 4143 - 0530 - 7806 SECTION # 4147 SAHT # _____

ESTIMATED TIMING: When Name (Date)
 Samples to be approved for packing on... _____
 Approved samples packing completed by... _____
 Product released by quality assurance on _____
 Packed samples needed at: _____
 ITC #A006 [] SWTC-B#1B37B [] Agency
 Date: _____ Date: _____
 HPT Estimated Report Date _____

AUTHORIZATION Name Date
 HPT Project Mgr. _____
 HPT Group Leader ACS 2/25/92
 Test Requester ADD 2/24/92
 Section Head Zol 2/24/92
 Assoc. Director [Signature] 2/24/92
 Director _____
 CONCURRENCE
 Reg. Serv. Sec. Hd. _____
 Saf. Serv. Sec. Hd. _____
 R&CD Assoc. Dir. _____
 Patent Div. KWZ 2/25/92
 Process Dev. _____
 COST ESTIMATE: \$ 6,200

STOMACH DISCOMFORT IN CHILDREN AGES 3-12

Background

Specific to children ages 3-12.

1. Stomach discomfort symptoms experienced
2. Degree of stomach discomfort symptoms.
3. Treatments used to treat stomach discomfort symptoms.
4. Frequency of stomach discomfort symptoms.
5. Frequency of stomach discomfort associated with overindulgence in food and drink
6. Frequency of overindulgence.

Specific to adult panelist

1. Degree of perception of overindulgence
2. Degree of perceived causes of stomach discomfort symptoms.

Dear Panel Member,

Please give this letter/questionnaire to the member of your household whose age and sex is on the label above. (This may, of course, be you).

TO THE MEMBER OF THE HOUSEHOLD WHOSE AGE AND SEX IS ON THE LABEL ABOVE:

Thank you for helping with this study on stomach discomfort in children.

Please begin by answering the question below. After you have completed the questionnaire, please return it to me in the enclosed postage-paid return envelope. Thank you for your cooperation.

1. HOW MANY CHILDREN DO YOU HAVE BETWEEN THE AGES OF 3 AND 12?

(write in:) _____

2. ON THE NEXT FOUR PAGES ARE TABLES REGARDING EXPERIENCES CHILDREN MAY HAVE WITH STOMACH DISCOMFORT SYMPTOMS. COMPLETE ONE TABLE FOR EACH CHILD YOU HAVE BETWEEN THE AGES OF 3 AND 12 (UP TO FOUR CHILDREN). IF YOU HAVE FEWER THAN FOUR CHILDREN BETWEEN THOSE AGES, LEAVE THE REMAINING TABLES BLANK, AND CONTINUE ON TO QUESTION 2.

HERE ARE SOME INSTRUCTIONS FOR COMPLETING THE TABLES:

- a. AT THE TOP OF THE PAGE INDICATE THE CHILD'S AGE AND GENDER
- b. IN COLUMN A, SEVERAL STOMACH SYMPTOMS WHICH YOUR CHILD MAY OR MAY NOT HAVE EXPERIENCED ARE LISTED. (DO NOTHING IN COLUMN A)
- c. IN COLUMN B, INDICATE WHETHER OR NOT YOUR CHILD HAS EVER EXPERIENCED THAT PARTICULAR SYMPTOM BY MARKING AN "X" INSIDE THE "YES" OR "NO" BOX. (IF YOU ANSWER "NO" IN COLUMN B, YOU DO NOT NEED TO FILL OUT COLUMNS C, D, OR E, FOR THAT PARTICULAR SYMPTOM.)
- d. IN COLUMN C, WRITE IN WHAT CAUSED YOUR CHILD TO EXPERIENCE THE SYMPTOM. PLEASE BE AS SPECIFIC AS POSSIBLE.
- e. IN COLUMN D, INDICATE HOW OFTEN YOUR CHILD EXPERIENCES THAT SYMPTOM.
- f. IN COLUMN E, INDICATE WHAT PRODUCTS YOU GIVE YOUR CHILD TO RELIEVE THAT SYMPTOM. (MARK AN "X" BESIDE ALL THAT APPLY; IF YOU GIVE NOTHING, WRITE IN "NOTHING", UNDER OTHER.)

CHILD 1

CHILD #1'S AGE: (write in) _____

CHILD #1'S GENDER: (Mark an "x" beside one box) Female Male

A Symptom	B Does child #1 experience this symptom?	C What causes this child to experience this symptom?	D How often does this child experience this symptom?	E What product(s) do you give the child to relieve the symptom?
HEARTBURN	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Several times a week <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Once a week <input type="checkbox"/> Seldom/Less often <input type="checkbox"/> Several times a month <input type="checkbox"/> Other (write in) <input type="checkbox"/> Once a month	<input type="checkbox"/> Pepto Bismal <input checked="" type="checkbox"/> Rolaids TUMS <input type="checkbox"/> Mylanta <input type="checkbox"/> Other (write in)
INDIGESTION	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Several times a week <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Once a week <input type="checkbox"/> Seldom/Less often <input type="checkbox"/> Several times a month <input type="checkbox"/> Other (write in) <input type="checkbox"/> Once a month	<input type="checkbox"/> Pepto Bismal <input checked="" type="checkbox"/> Rolaids TUMS <input type="checkbox"/> Mylanta <input type="checkbox"/> Other (write in)
UPSET STOMACH	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Several times a week <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Once a week <input type="checkbox"/> Seldom/Less often <input type="checkbox"/> Several times a month <input type="checkbox"/> Other (write in) <input type="checkbox"/> Once a month	<input type="checkbox"/> Pepto Bismal <input checked="" type="checkbox"/> Rolaids TUMS <input type="checkbox"/> Mylanta <input type="checkbox"/> Other (write in)
ACID INDIGESTION GAS	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Several times a week <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Once a week <input type="checkbox"/> Seldom/Less often <input type="checkbox"/> Several times a month <input type="checkbox"/> Other (write in) <input type="checkbox"/> Once a month	<input type="checkbox"/> Pepto Bismal <input checked="" type="checkbox"/> Rolaids TUMS <input type="checkbox"/> Mylanta <input type="checkbox"/> Other (write in)
NAUSEA	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Several times a week <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Once a week <input type="checkbox"/> Seldom/Less often <input type="checkbox"/> Several times a month <input type="checkbox"/> Other (write in) <input type="checkbox"/> Once a month	<input type="checkbox"/> Pepto Bismal <input checked="" type="checkbox"/> Rolaids TUMS <input type="checkbox"/> Mylanta <input type="checkbox"/> Other (write in)
(NAUSEA) Fullness by...	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Several times a week <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Once a week <input type="checkbox"/> Seldom/Less often <input type="checkbox"/> Several times a month <input type="checkbox"/> Other (write in) <input type="checkbox"/> Once a month	<input type="checkbox"/> Pepto Bismal <input checked="" type="checkbox"/> Rolaids TUMS <input type="checkbox"/> Mylanta <input type="checkbox"/> Other (write in)

35

CHILD 2

CHILD #2'S AGE: (write in) _____

CHILD #2'S GENDER: (Mark an "x" beside one box) Female Male

A Symptom	B Does child #1 experience this symptom?	C What causes this child to experience this symptom?	D How often does this child experience this symptom?	E What product(s) do you give the child to relieve the symptom?
HEARTBURN	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Several times a week <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Once a week <input type="checkbox"/> Seldom/Less often <input type="checkbox"/> Several times a month <input type="checkbox"/> Other (write in) <input type="checkbox"/> Once a month	<input type="checkbox"/> Pepto Bismal <input type="checkbox"/> Rolaid <input type="checkbox"/> Mylanta <input type="checkbox"/> Other (write in)
INDIGESTION	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Several times a week <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Once a week <input type="checkbox"/> Seldom/Less often <input type="checkbox"/> Several times a month <input type="checkbox"/> Other (write in) <input type="checkbox"/> Once a month	<input type="checkbox"/> Pepto Bismal <input type="checkbox"/> Rolaid <input type="checkbox"/> Mylanta <input type="checkbox"/> Other (write in)
UPSET STOMACH	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Several times a week <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Once a week <input type="checkbox"/> Seldom/Less often <input type="checkbox"/> Several times a month <input type="checkbox"/> Other (write in) <input type="checkbox"/> Once a month	<input type="checkbox"/> Pepto Bismal <input type="checkbox"/> Rolaid <input type="checkbox"/> Mylanta <input type="checkbox"/> Other (write in)
ACID INDIGESTION <i>acid</i>	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Several times a week <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Once a week <input type="checkbox"/> Seldom/Less often <input type="checkbox"/> Several times a month <input type="checkbox"/> Other (write in) <input type="checkbox"/> Once a month	<input type="checkbox"/> Pepto Bismal <input type="checkbox"/> Rolaid <input type="checkbox"/> Mylanta <input type="checkbox"/> Other (write in)
NAUSEA	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Several times a week <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Once a week <input type="checkbox"/> Seldom/Less often <input type="checkbox"/> Several times a month <input type="checkbox"/> Other (write in) <input type="checkbox"/> Once a month	<input type="checkbox"/> Pepto Bismal <input type="checkbox"/> Rolaid <input type="checkbox"/> Mylanta <input type="checkbox"/> Other (write in)
NAUSEA <i>fullness</i> <i>with</i>	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Several times a week <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Once a week <input type="checkbox"/> Seldom/Less often <input type="checkbox"/> Several times a month <input type="checkbox"/> Other (write in) <input type="checkbox"/> Once a month	<input type="checkbox"/> Pepto Bismal <input type="checkbox"/> Rolaid <input type="checkbox"/> Mylanta <input type="checkbox"/> Other (write in)

CHILD 3

CHILD #3'S AGE: (write in) _____

CHILD #3'S GENDER: (Mark an "x" beside one box) Female Male

A Symptom	B Does child #1 experience this symptom?	C What causes this child to experience this symptom?	D How often does this child experience this symptom?		E What product(s) do you give the child to relieve the symptom?
HEARTBURN	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month	<input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Seldom/Less often <input type="checkbox"/> Other (write in) _____	<input type="checkbox"/> Pepto Bismal <input type="checkbox"/> Rolaids <input type="checkbox"/> Mylanta <input type="checkbox"/> Other (write in) _____
INDIGESTION	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month	<input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Seldom/Less often <input type="checkbox"/> Other (write in) _____	<input type="checkbox"/> Pepto Bismal <input type="checkbox"/> Rolaids <input type="checkbox"/> Mylanta <input type="checkbox"/> Other (write in) _____
UPSET STOMACH	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month	<input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Seldom/Less often <input type="checkbox"/> Other (write in) _____	<input type="checkbox"/> Pepto Bismal <input type="checkbox"/> Rolaids <input type="checkbox"/> Mylanta <input type="checkbox"/> Other (write in) _____
INDIGESTION <i>AD10</i> <i>INDIGESTION</i> <i>6/15</i>	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month	<input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Seldom/Less often <input type="checkbox"/> Other (write in) _____	<input type="checkbox"/> Pepto Bismal <input type="checkbox"/> Rolaids <input type="checkbox"/> Mylanta <input type="checkbox"/> Other (write in) _____
NAUSEA	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month	<input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Seldom/Less often <input type="checkbox"/> Other (write in) _____	<input type="checkbox"/> Pepto Bismal <input type="checkbox"/> Rolaids <input type="checkbox"/> Mylanta <input type="checkbox"/> Other (write in) _____
NAUSEA <i>nausea</i>	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month	<input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Seldom/Less often <input type="checkbox"/> Other (write in) _____	<input type="checkbox"/> Pepto Bismal <input type="checkbox"/> Rolaids <input type="checkbox"/> Mylanta <input type="checkbox"/> Other (write in) _____

CHILD 4

CHILD #4'S AGE: (write in) _____

CHILD #4'S GENDER: (Mark an "x" beside one box) Female Male

A Symptom	B Does child #1 experience this symptom?	C What causes this child to experience this symptom?	D How often does this child experience this symptom?	E What product(s) do you give the child to relieve the symptom?
HEARTBURN	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Several times a week <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Once a week <input type="checkbox"/> Seldom/Less often <input type="checkbox"/> Several times a month <input type="checkbox"/> Other (write in) _____ <input type="checkbox"/> Once a month	<input type="checkbox"/> Pepto Bismal <input type="checkbox"/> Rolaid's <input type="checkbox"/> Mylanta <input type="checkbox"/> Other (write in) _____
INDIGESTION	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Several times a week <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Once a week <input type="checkbox"/> Seldom/Less often <input type="checkbox"/> Several times a month <input type="checkbox"/> Other (write in) _____ <input type="checkbox"/> Once a month	<input type="checkbox"/> Pepto Bismal <input type="checkbox"/> Rolaid's <input type="checkbox"/> Mylanta <input type="checkbox"/> Other (write in) _____
UPSET STOMACH	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Several times a week <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Once a week <input type="checkbox"/> Seldom/Less often <input type="checkbox"/> Several times a month <input type="checkbox"/> Other (write in) _____ <input type="checkbox"/> Once a month	<input type="checkbox"/> Pepto Bismal <input type="checkbox"/> Rolaid's <input type="checkbox"/> Mylanta <input type="checkbox"/> Other (write in) _____
<i>ACID INDIGESTION</i> <i>GERD</i>	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Several times a week <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Once a week <input type="checkbox"/> Seldom/Less often <input type="checkbox"/> Several times a month <input type="checkbox"/> Other (write in) _____ <input type="checkbox"/> Once a month	<input type="checkbox"/> Pepto Bismal <input type="checkbox"/> Rolaid's <input type="checkbox"/> Mylanta <input type="checkbox"/> Other (write in) _____
NAUSEA	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Several times a week <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Once a week <input type="checkbox"/> Seldom/Less often <input type="checkbox"/> Several times a month <input type="checkbox"/> Other (write in) _____ <input type="checkbox"/> Once a month	<input type="checkbox"/> Pepto Bismal <input type="checkbox"/> Rolaid's <input type="checkbox"/> Mylanta <input type="checkbox"/> Other (write in) _____
<i>NAUSEA</i> <i>fullness</i>	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Several times a week <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Once a week <input type="checkbox"/> Seldom/Less often <input type="checkbox"/> Several times a month <input type="checkbox"/> Other (write in) _____ <input type="checkbox"/> Once a month	<input type="checkbox"/> Pepto Bismal <input type="checkbox"/> Rolaid's <input type="checkbox"/> Mylanta <input type="checkbox"/> Other (write in) _____

3. FOLLOWING ARE A LIST OF SYMPTOMS. FOR EACH SYMPTOM, WRITE IN THE WORDS THAT EACH OF YOUR CHILDREN USES TO DESCRIBE THE FEELING ASSOCIATED WITH THE SYMPTOM. (PLEASE BE AS SPECIFIC AS POSSIBLE)

WHAT WORDS DOES YOUR CHILD USE TO DESCRIBE...	CHILD 1	CHILD 2	CHILD 3	CHILD 4
HEARTBURN				
INDIGESTION				
UPSET STOMACH				
ACID INDIGESTION GAS				
NAUSEA				
FULLNESS/BLOATING				

4. FOLLOWING IS A LIST OF SOME OF THE THINGS PEOPLE TELL US USUALLY CAUSE THEIR CHILDREN TO EXPERIENCE STOMACH DISCOMFORT SYMPTOMS. FOR EACH SYMPTOM, "X" THE THINGS WHICH YOU BELIEVE CAUSES YOUR CHILD/CHILDREN TO EXPERIENCE THAT SYMPTOM.

IF YOUR CHILD/CHILDREN HAS NEVER EXPERIENCED A SYMPTOM, "X" THE "HAVE NEVER EXPERIENCED" BOX. FOR SYMPTOMS THEY HAVE EXPERIENCED, "X" AS MANY CAUSES AS APPLY.

	<u>HEART-</u> <u>BURN</u>	<u>INDI-</u> <u>GESTION</u>	<u>UPSET</u> <u>STOMACH</u>	<u>ACID INDI-</u> <u>GESTION</u>	<u>NAUSEA</u>	<u>FULLNESS/</u> <u>BLOATING</u>
HAVE NEVER EXPERIENCED.	[]	[]	[]	[]	[]	[]
<u>CAUSES</u>						
Specific foods/desserts/ or beverages (spicy/rich/acidic)	[]	[]	[]	[]	[]	[]
Eating too much food at a time.	[]	[]	[]	[]	[]	[]
Drinking too much beverage at a time.	[]	[]	[]	[]	[]	[]
Eating or drinking too quickly.	[]	[]	[]	[]	[]	[]
Eating food which disagrees with them, or food which they cannot tolerate.	[]	[]	[]	[]	[]	[]
Stress/Nervousness.	[]	[]	[]	[]	[]	[]
Illness (flu/colds, etc.)	[]	[]	[]	[]	[]	[]
Bacteria/Viruses.	[]	[]	[]	[]	[]	[]
Fatigue/Playing too hard.	[]	[]	[]	[]	[]	[]
Other (write in:) _____	[]	[]	[]	[]	[]	[]

5. WE WOULD NOW LIKE YOU TO FIND OUT HOW YOU, YOURSELF, DEFINE "OVERINDULGENCE IN FOOD OR DRINK".

FOLLOWING IS A LIST OF STATEMENTS. BESIDE EACH STATEMENT, INDICATE HOW STRONGLY YOU DISAGREE OR AGREE WITH THE STATEMENT BY MARKING ONE, AND ONLY ONE, BOX AFTER EACH STATEMENT. HERE ARE SOME INSTRUCTIONS ON HOW TO MARK THE "STRONGLY DISAGREE" TO "STRONGLY AGREE" SCALE:

If you AGREE with a comment, mark an "X" in the box under AGREE.

If you DISAGREE with a comment, mark an "X" in the box under DISAGREE.

If you feel VERY SURE of your opinion, mark an "X" in the box under STRONGLY AGREE or STRONGLY DISAGREE.

If you are SOMEWHAT UNSURE of your opinion, mark an "X" in the box under SLIGHTLY AGREE or SLIGHTLY DISAGREE.

PLEASE BE SURE TO MARK ONLY ONE BOX FOR EACH COMMENT. LEAVE NO COMMENT UNANSWERED.

OVERINDULGENCE IN FOOD OR DRINK MEANS I HAVE...

	<u>Strongly</u> <u>Disagree</u>	<u>Disagree</u>	<u>Slightly</u> <u>Disagree</u>	<u>Slightly</u> <u>Agree</u>	<u>Agree</u>	<u>Strongly</u> <u>Agree</u>
a) Eaten too much food at a time	[]	[]	[]	[]	[]	[]
b) Drunk too much (nonalcoholic beverage). []	[]	[]	[]	[]	[]	[]
c) Drunk too much alcohol.	[]	[]	[]	[]	[]	[]
d) Eaten too quickly	[]	[]	[]	[]	[]	[]
e) Drunk too quickly	[]	[]	[]	[]	[]	[]
f) Eaten while under stress/nervous.	[]	[]	[]	[]	[]	[]
g) Eaten the wrong kind of food.	[]	[]	[]	[]	[]	[]
h) Drunk the wrong kind of beverage.	[]	[]	[]	[]	[]	[]
i) Eaten too much spicy food	[]	[]	[]	[]	[]	[]
j) Eaten too much greasy food.	[]	[]	[]	[]	[]	[]
k) Eaten too much rich food.	[]	[]	[]	[]	[]	[]
l) Eaten too much acidic food.	[]	[]	[]	[]	[]	[]
m) Other (write in) _____	[]	[]	[]	[]	[]	[]

6. INDICATE WHETHER YOUR CHILD/CHILDREN HAS EXPERIENCED STOMACH DISCOMFORT CAUSED BY OVERINDULGENCE IN FOOD OR BEVERAGE (AS YOU HAVE DEFINED IN QUESTION 4)⁵. IF THE CHILD HAS EXPERIENCED THIS, INDICATE HOW OFTEN HE/SHE EXPERIENCES IT. ANSWER ONCE FOR EACH CHILD BETWEEN THE AGES 3 AND 12.

a) CHILD #1: HAS CHILD #1 EXPERIENCED STOMACH DISCOMFORT CAUSED BY OVERINDULGENCE IN FOOD OR BEVERAGE AS YOU DEFINED IN QUESTION 4?

NO

YES -----> IF "YES", HOW OFTEN DOES THIS CHILD EXPERIENCE IT?

- | | |
|---|---|
| <input type="checkbox"/> Once a day or more often | <input type="checkbox"/> Once a month |
| <input type="checkbox"/> Several times a week | <input type="checkbox"/> Once every 2 to 3 months |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> Once every 4 to 6 months |
| <input type="checkbox"/> Several times a month | <input type="checkbox"/> Seldom/Less often |

b) CHILD #2: HAS CHILD #2 EXPERIENCED STOMACH DISCOMFORT CAUSED BY OVERINDULGENCE IN FOOD OR BEVERAGE AS YOU DEFINED IN QUESTION 4?

NO

YES -----> IF "YES", HOW OFTEN DOES THIS CHILD EXPERIENCE IT?

- | | |
|---|---|
| <input type="checkbox"/> Once a day or more often | <input type="checkbox"/> Once a month |
| <input type="checkbox"/> Several times a week | <input type="checkbox"/> Once every 2 to 3 months |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> Once every 4 to 6 months |
| <input type="checkbox"/> Several times a month | <input type="checkbox"/> Seldom/Less often |

c) CHILD #3: HAS CHILD #3 EXPERIENCED STOMACH DISCOMFORT CAUSED BY OVERINDULGENCE IN FOOD OR BEVERAGE AS YOU DEFINED IN QUESTION 4?

NO

YES -----> IF "YES", HOW OFTEN DOES THIS CHILD EXPERIENCE IT?

- | | |
|---|---|
| <input type="checkbox"/> Once a day or more often | <input type="checkbox"/> Once a month |
| <input type="checkbox"/> Several times a week | <input type="checkbox"/> Once every 2 to 3 months |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> Once every 4 to 6 months |
| <input type="checkbox"/> Several times a month | <input type="checkbox"/> Seldom/Less often |

d) CHILD #4: HAS CHILD #4 EXPERIENCED STOMACH DISCOMFORT CAUSED BY OVERINDULGENCE IN FOOD OR BEVERAGE AS YOU DEFINED IN QUESTION 4?

NO

YES -----> IF "YES", HOW OFTEN DOES THIS CHILD EXPERIENCE IT?

- | | |
|---|---|
| <input type="checkbox"/> Once a day or more often | <input type="checkbox"/> Once a month |
| <input type="checkbox"/> Several times a week | <input type="checkbox"/> Once every 2 to 3 months |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> Once every 4 to 6 months |
| <input type="checkbox"/> Several times a month | <input type="checkbox"/> Seldom/Less often |

7. PEOPLE HAVE TOLD US THAT STOMACH DISCOMFORT SYMPTOMS SOMETIMES RESULT FROM A COMBINATION OF CAUSES. BELOW ARE A LIST OF CAUSES ~~SEEN~~ PREVIOUSLY. FOR EACH SYMPTOM, INDICATE WHICH CAUSES GO TOGETHER BY WRITING IN THE CODE LETTERS FOR THE CAUSES IN THE BLANKS BESIDE THE SYMPTOM.

YOU MAY CHOOSE UP TO FOUR CAUSES FOR EACH COMBINATION AND, YOU MAY INCLUDE UP TO THREE DIFFERENT COMBINATIONS OF CAUSES FOR EACH SYMPTOM.

FOR EXAMPLE, SUPPOSE ONE OF THE SYMPTOMS WAS SNEEZING. IF YOU THOUGHT SNEEZING IS SOMETIMES CAUSED BY THE COMBINATION OF FATIGUE AND STRESS/NERVOUSNESS, YOU WOULD WRITE IN A "D" (FATIGUE) AND AN "E" (STRESS/NERVOUSNESS) BESIDE THE SYMPTOM. IF YOU ALSO THOUGHT THAT SNEEZING IS SOMETIMES CAUSED BY ILLNESS, BACTERIA, AND FATIGUE, IN COMBINATION, YOU WOULD WRITE IN "G", "H", AND "C" IN THE SECOND SET OF BLANKS SPACE UNDER "SNEEZING".

CODE

- A - Specific food or beverages (spicy/rich/acidic)
- B - Eating too much food at a time
- C - Drinking too much beverage at a time
- D - Eating food which disagrees with you or food which you cannot tolerate
- E - Eating or drinking too quickly
- F - Stress/Nervousness
- G - Illness (flu/colds, etc.)
- H - Bacteria/Viruses
- I - Fatigue
- J - Other (write in) _____

example:

SNEEZING

- a. Sneezing sometimes results from the combination of causes: D E _____
- b. Also, it sometimes results from the combination of causes: C G H _____
- c. Also, it sometimes results from the combination of causes: _____

HEARTBURN

- a. Heartburn sometimes results from the combination of causes: _____
- b. Also, it sometimes results from the combination of causes: _____
- c. Also, it sometimes results from the combination of causes: _____

Q: The other cause question was for children not for adults. Do we need to add a single symptom question to the combos?

INDIGESTION

- a. Indigestion sometimes results from the combination of causes: _____
 - b. Also, it sometimes results from the combination of causes: _____
 - c. Also, it sometimes results from the combination of causes: _____
-

UPSET STOMACH

- a. Upset Stomach sometimes results from the combination of causes: _____
 - b. Also, it sometimes results from the combination of causes: _____
 - c. Also, it sometimes results from the combination of causes: _____
-

Gas

~~ACID INDIGESTION~~

- a. Acid indigestion sometimes results from the combination of causes: _____
 - Gas*
 - b. Also, it sometimes results from the combination of causes: _____
 - c. Also, it sometimes results from the combination of causes: _____
-

NAUSEA

- a. Nausea sometimes results from the combination of causes: _____
 - b. Also, it sometimes results from the combination of causes: _____
 - c. Also, it sometimes results from the combination of causes: _____
-

FULLNESS/BLOATING

- a. Fullness/Bloating sometimes results from the combination of causes: _____
- b. Also, it sometimes results from the combination of causes: _____
- c. Also, it sometimes results from the combination of causes: _____

4. Add question for gait (see yourself) experiences as well (simultaneously) ~~with~~ stomach description
separation.

^{pt:} Has gait simultaneously with the
stomach description?

YES

NO

3
1
1/10
1/10
1/10
1/10
1/10

STOMACH DISCOMFORT INFO-CHILDREN 3-12
DATA=(PC029207 HPTX)

	TOTAL
BASE SIZE	(A)
DISCOMFORT CAUSED BY OVERINDULGENCE	242
NO/NOT EXPERIENCE DISCOMFORT	39
ONCE A DAY OR MORE OFTEN	0
SEVERAL TIMES A WEEK	5
ONCE A WEEK	2
*SEVERAL TIMES A MONTH	7
ONCE A MONTH	8
ONCE EVERY 2-3 MONTHS	11
ONCE EVERY 4-6 MONTHS	8
SELDOM/LESS OFTEN	19
YES/NO RESPONSE	-
NO ANSWER FOR CHILD	0

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PA029207 HPTX)

	TOTAL (A)
BASE SIZE	159
CAUSES ADULT TO EXPERIENCE HEARTBURN	
NEVER EXPERIENCED	20
EATING SPECIFIC FOODS/BEVERAGES	62
EATING FOODS THAT DISAGREE/CANT TOLERATE	27
EATING TOO MUCH FOOD AT ONE TIME	16
DRINKING TOO MUCH BEVERAGE AT ONE TIME .	4
EATING/DRINKING TOO QUICKLY	7
EATING AT WRONG TIME OF DAY	13
STRESS/NERVOUSNESS	19
ILLNESS	4
BACTERIA/VIRUSES	3
FATIGUE	5
PREGNANCY	9
OTHER	2
TOTAL COUNT	304

Values are percents. No significance testing was done.

	(A)
BASE SIZE	159
UNDUP. CAUSES ADULT TO EXPERIENCE HEARTB	
UNDUPLICATED FOODS	64
UNDUPLICATED ILLNESS	6
TOTAL COUNT	110

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PA029207 HPTX)

	TOTAL (A)
BASE SIZE	159
CAUSES ADULT TO EXPERIENCE INDIGESTION	
NEVER EXPERIENCED	17
EATING SPECIFIC FOODS/BEVERAGES	48
EATING FOODS THAT DISAGREE/CANT TOLERATE	34
EATING TOO MUCH FOOD AT ONE TIME	33
DRINKING TOO MUCH BEVERAGE AT ONE TIME .	8
EATING/DRINKING TOO QUICKLY	25
EATING AT WRONG TIME OF DAY	14
STRESS/NERVOUSNESS	21
ILLNESS	4
BACTERIA/VIRUSES	5
FATIGUE	6
PREGNANCY	6
OTHER	1
TOTAL COUNT	353

Values are percents. No significance testing was done.

	(A)
BASE SIZE	159
UNDUP. CAUSES ADULT TO EXPERIENCE INDIGE	
UNDUPLICATED FOODS	62
UNDUPLICATED ILLNESS	6
TOTAL COUNT	107

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PA029207 HPTX)

	TOTAL (A)
BASE SIZE	159
CAUSES ADULT TO EXPERIENCE UPSET STOMACH	
NEVER EXPERIENCED	7
EATING SPECIFIC FOODS/BEVERAGES	28
EATING FOODS THAT DISAGREE/CANT TOLERATE	34
EATING TOO MUCH FOOD AT ONE TIME	28
DRINKING TOO MUCH BEVERAGE AT ONE TIME .	20
EATING/DRINKING TOO QUICKLY	20
EATING AT WRONG TIME OF DAY	8
STRESS/NERVOUSNESS	52
ILLNESS	58
BACTERIA/VIRUSES	48
FATIGUE	19
PREGNANCY	1
OTHER	1
TOTAL COUNT	516

Values are percents. No significance testing was done.

	(A)
BASE SIZE	159
UNDUP. CAUSES ADULT TO EXPERIENCE UPSET	
UNDUPLICATED FOODS	43
UNDUPLICATED ILLNESS	67
TOTAL COUNT	176

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PA029207 HPTX)

	TOTAL (A)
BASE SIZE	159
CAUSES ADULT TO EXPERIENCE GAS	
NEVER EXPERIENCED	94
EATING SPECIFIC FOODS/BEVERAGES	51
EATING FOODS THAT DISAGREE/CANT TOLERATE	38
EATING TOO MUCH FOOD AT ONE TIME	13
DRINKING TOO MUCH BEVERAGE AT ONE TIME .	9
EATING/DRINKING TOO QUICKLY	11
EATING AT WRONG TIME OF DAY	3
STRESS/NERVOUSNESS	18
ILLNESS	10
BACTERIA/VIRUSES	12
FATIGUE	3
PREGNANCY	2
OTHER	1
TOTAL COUNT	286

Values are percents. No significance testing was done.

	(A)
BASE SIZE	159
UNDUP. CAUSES ADULT TO EXPERIENCE GAS	
UNDUPLICATED FOODS	64
UNDUPLICATED ILLNESS	15
TOTAL COUNT	126

foods →
Sum →

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PA029207 HPTX)

	TOTAL (A)
BASE SIZE	159
CAUSES ADULT TO EXPERIENCE NAUSEA	
NEVER EXPERIENCED	11
EATING SPECIFIC FOODS/BEVERAGES	14
EATING FOODS THAT DISAGREE/CANT TOLERATE	24
EATING TOO MUCH FOOD AT ONE TIME	14
DRINKING TOO MUCH BEVERAGE AT ONE TIME .	9
EATING/DRINKING TOO QUICKLY	8
EATING AT WRONG TIME OF DAY	6
STRESS/NERVOUSNESS	39
ILLNESS	65
BACTERIA/VIRUSES	55
FATIGUE	14
PREGNANCY	5
OTHER	2
TOTAL COUNT	425

Values are percents. No significance testing was done.

	(A)
BASE SIZE	159
UNDUP. CAUSES ADULT TO EXPERIENCE NAUSEA	
UNDUPLICATED FOODS	28
UNDUPLICATED ILLNESS	72
TOTAL COUNT	160

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PA029207 HPTX)

	TOTAL (A)
BASE SIZE	159
CAUSES ADULT TO EXPER.FULLNESS/BLOATING	
NEVER EXPERIENCED	16
EATING SPECIFIC FOODS/BEVERAGES	21
EATING FOODS THAT DISAGREE/CANT TOLERATE	19
EATING TOO MUCH FOOD AT ONE TIME	61
DRINKING TOO MUCH BEVERAGE AT ONE TIME .	42
EATING/DRINKING TOO QUICKLY	31
EATING AT WRONG TIME OF DAY	9
STRESS/NERVOUSNESS	8
ILLNESS	6
BACTERIA/VIRUSES	7
FATIGUE	5
PREGNANCY	2
OTHER	3
TOTAL COUNT	364

Values are percents. No significance testing was done.

	(A)
BASE SIZE	159
UNDUP. CAUSES ADULT TO EXPER.FULLNESS/BL	
UNDUPLICATED FOODS	30
UNDUPLICATED ILLNESS	11
TOTAL COUNT	64

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PA029207 HPTX)

	TOTAL (A)
BASE SIZE	159
ADULT EXPERIENCES GAS WITH:	
NEVER EXPERIENCED	11
HEARTBURN	24
INDIGESTION	44
UPSET STOMACH	55
DIARRHEA	62
NAUSEA	30
FULLNESS/BLOATING	57
NO RESPONSE	92
TOTAL COUNT	595

Values are percents. No significance testing was done.

	(A)
BASE SIZE	159
PANELIST AGE	
MISSING	2
18 TO 24	1
25 TO 34	48
35 TO 44	38
45 TO 54	8
55 TO 64	3
65 OR OLDER	1

Values are percents. No significance testing was done.

	(A)
BASE SIZE	159
CHILD TO DR. FOR SYMPTOMS PAST 12 MOS.	
NO RESPONSE	3
NOT VISIT DOCTOR	87
1 TIME	3
2 TIMES	2
3 TIMES	1
4 TIMES	1
5 TIMES	1
6 TIMES	1
7 TIMES	-
8 TIMES	-
9 OR MORE TIMES	1

Values are percents. No significance testing was done.

Handwritten notes:
 H
 C
 159

Handwritten note:
] parents

Handwritten arrow pointing to 87

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PA029207 HPTX)

	TOTAL (A)
BASE SIZE	159
AGE OF PANELIST	
MISSING	1
24 AND UNDER	2
25-29 YEARS	19
30-34 YEARS	31
35-39 YEARS	23
40-44 YEARS	14
45-49 YEARS	5
50 YEARS	1
51-59 YEARS	2
>59 YEARS	2

Values are percents. No significance testing was done.

	(A)
BASE SIZE	159
PANELIST HOLD A PAYING JOB	
MISSING	1
EMPLOYED, PART-TIME	19
EMPLOYED, FULL-TIME	41
NOT EMPLOYED	40
NOT SPECIFIED	-

Values are percents. No significance testing was done.

	(A)
BASE SIZE	159
GEOGRAPHIC DIVISION	
MISSING	1
NEW ENGLAND	5
MIDDLE ATLANTIC	13
EAST NORTH CENTRAL	16
WEST NORTH CENTRAL	8
SOUTH ATLANTIC	17
EAST SOUTH CENTRAL	8
WEST SOUTH CENTRAL	9
MOUNTAIN	6
PACIFIC	18

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PA029207 HPTX)

	TOTAL (A)
BASE SIZE	159
HOUSEHOLD DESIGNATION	
MISSING	1
FAMILY: MALE & FEMALE HEAD & OTHERS	80
FAMILY: MALE HEAD/NO WIFE & OTHERS . . .	-
FAMILY: FEMALE HEAD/NO HUSBAND & OTHERS	19
NON-FAMILY: MALE LIVING ALONE	-
NON-FAMILY: FEMALE LIVING ALONE	-
NON-FAMILY: MALE LIVING & NON-RELATIVES	-
NON-FAMILY: FEMALE LIVING W/NON-RELATIVE	-

Values are percents. No significance testing was done.

	(A)
BASE SIZE	159
TOTAL HOUSEHOLD INCOME	
MISSING	1
< \$15,000	16
\$15,000 - \$24,999	17
\$25,000 - \$39,999	21
\$40,000 +	45

Values are percents. No significance testing was done.

	(A)
BASE SIZE	159
NUMBER OF PEOPLE LIVING IN HOME	
MISSING	1
1	-
2	5
3	23
4	37
5	23
6	9
7	1
8 OR MORE	1

Values are percents. No significance testing was done.

	(A)
BASE SIZE	159
POPULATION DENSITY	
MISSING	1
NON-SMSA	27
SMSA: 50,000-499,999	24
SMSA: 500,000-1,999,999	18
SMSA: 2,000,000 AND OVER	31

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
DATA=(PA029207 HPTX)

BASE SIZE	TOTAL (A)
RACE	159
MISSING	1
NO ANSWER	-
WHITE	88
BLACK	6
ASIAN	-
HISPANIC	5
ALL OTHERS	1

Values are percents. No significance testing was done.

BASE SIZE	(A)
SEX OF PANELIST	159
MISSING	1
NO ANSWER	-
MALE	65
FEMALE	34]?

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PC029207 HPTX)

DID CHILD EXPERIENCE NAUSEA

	NO (A)	YES (B)
BASE SIZE	139	101
ACTUAL AGE OF CHILD		
3 YEARS	4	5
4 YEARS	9	4
5 YEARS	11	8
6 YEARS	11	10
7 YEARS	6	14
8 YEARS	13	9
9 YEARS	9	7
10 YEARS	14	17
11 YEARS	11	15
12 YEARS	10	9
NO RESPONSE	2	3

Values are percents. No significance testing was done.

	(A)	(B)
BASE SIZE	139	101
GENDER OF CHILD		
FEMALE	47	42
MALE	53	55
NO RESPONSE	1	3

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PC029207 HPTX)

DID CHILD EXPERIENCE NAUSEA

	NO (A)	YES (B)
BASE SIZE	139	101
ACTUAL AGE OF CHILD		
3 YEARS	6	5
4 YEARS	13	4
5 YEARS	15	8
6 YEARS	15	10
7 YEARS	8	14
8 YEARS	18	9
9 YEARS	13	7
10 YEARS	19	17
11 YEARS	15	15
12 YEARS	14	9
NO RESPONSE	3	3

Values are counts. No significance testing was done.

	(A)	(B)
BASE SIZE	139	101
GENDER OF CHILD		
FEMALE	65	42
MALE	73	56
NO RESPONSE	1	3

Values are counts. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PC029207 HPTX)

DID CHILD EXPERIENCE FULLNESS/BLOATING

	NO (A)	YES (B)
BASE SIZE	215	21
ACTUAL AGE OF CHILD		
3 YEARS	5	-
4 YEARS	7	-
5 YEARS	9	10
6 YEARS	11	5
7 YEARS	9	5
8 YEARS	12	5
9 YEARS	8	10
10 YEARS	14	24
11 YEARS	11	29
12 YEARS	9	14
NO RESPONSE	3	-

Values are percents. No significance testing was done.

	(A)	(B)
BASE SIZE	215	21
GENDER OF CHILD		
FEMALE	45	38
MALE	53	62
NO RESPONSE	2	-

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PC029207 HPTX)

DID CHILD EXPERIENCE FULLNESS/BLOATING

	NO (A)	YES (B)
BASE SIZE	215	21
ACTUAL AGE OF CHILD		
3 YEARS	11	0
4 YEARS	16	0
5 YEARS	20	2
6 YEARS	24	1
7 YEARS	20	1
8 YEARS	26	1
9 YEARS	18	2
10 YEARS	30	5
11 YEARS	24	6
12 YEARS	20	3
NO RESPONSE	6	0

Values are counts. No significance testing was done.

	(A)	(B)
BASE SIZE	215	21
GENDER OF CHILD		
FEMALE	96	8
MALE	115	13
NO RESPONSE	4	0

Values are counts. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PC029207 HPTX)

DID CHILD EXPERIENCE HEARTBURN

	YES (A)
BASE SIZE	9
CAUSES CHILD TO EXPERIENCE HEARTBURN	
ILLNESS-FLU/VIRUS	-
ILLNESS-ALLERGIES	-
MOTION SICKNESS	-
FOODS-GENERAL	33
FOODS-GASSY	-
FOODS-RICH	-
FOODS-SPICY	11
FOODS-GREASY/FATTY	-
FOODS-SPECIFIC	11
FOODS-ACIDIC	11
EATING TOO FAST	11
EATING TOO MUCH	33
NOT EATING REGULARLY	-
HUNGER	-
LIQUIDS-GENERAL	11
DRINKING TOO FAST	-
DRINKING TOO MUCH	-
CONSTIPATION	-
GAS	-
ANXIETY/NERVES	-
OVEREXERTION	11
CERTAIN TIMES OF DAY	-
OTHER	-
DONT KNOW	-
TOTAL COUNT	12

Values are percents. No significance testing was done.

	(A)
BASE SIZE	9
UNDUP. CAUSES CHILD TO EXPERIENCE HEARTB	
MISSING	44
UNDUPLICATED ILLNESS	-
UNDUPLICATED FOODS	56

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PC029207 HPTX)

DID CHILD EXPERIENCE HEARTBURN

	YES (A)
BASE SIZE	9
FREQUENCY CHILD EXPERIENCES HEARTBURN	
ONCE A DAY OR MORE	11
SEVERAL TIMES A WEEK	11
ONCE A WEEK	22
*SEVERAL TIMES A MONTH	22
ONCE A MONTH	11
ONCE EVERY 2-3 MONTHS	11
ONCE EVERY 4-6 MONTHS	-
SELDOM/LESS OFTEN	-
OTHER	11
NO RESPONSE	-

Values are percents. No significance testing was done.

	(A)
BASE SIZE	9
PRODUCTS GIVEN TO RELIEVE HEARTBURN	
MYLANTA/MAALDX	11
PEPTO-BISMOL	56
TUMS/ROLAIDS	56
OTHER	11
NO RESPONSE	-
TOTAL COUNT	12

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PA029207 HPTX)

	TOTAL (A)
BASE SIZE	159
CAUSES CHILD TO EXPERIENCE HEARTBURN	
NEVER EXPERIENCED	81
EATING SPECIFIC FOODS/BEVERAGES	5
EATING FOODS THAT DISAGREE/CANT TOLERATE	5
EATING TOO MUCH FOOD AT ONE TIME	4
DRINKING TOO MUCH BEVERAGE AT ONE TIME .	3
EATING/DRINKING TOO QUICKLY	3
EATING AT WRONG TIME OF DAY	1
STRESS/NERVOUSNESS	2
ILLNESS	-
BACTERIA/VIRUSES	1
FATIGUE/PLAYING TOO HARD	2
OTHER	1
TOTAL COUNT	173

Values are percents. No significance testing was done.

	(A)
BASE SIZE	159
UNDUP. CAUSES CHILD TO EXPERIENCE HEARTB	
UNDUPLICATED FOODS	6
UNDUPLICATED ILLNESS	1
TOTAL COUNT	12

Values are percents. No significance testing was done.

DID CHILD EXPERIENCE INDIGESTION

	YES (A)
BASE SIZE	21
CAUSES CHILD TO EXPERIENCE INDIGESTION	
ILLNESS-FLU/VIRUS	5
ILLNESS-ALLERGIES	-
MOTION SICKNESS	-
FOODS-GENERAL	24
FOODS-GASSY	-
FOODS-RICH	-
FOODS-SPICY	10
FOODS-GREASY/FATTY	5
FOODS-SPECIFIC	5
FOODS-ACIDIC	5
EATING TOO FAST	14
EATING TOO MUCH	29
NOT EATING REGULARLY	-
HUNGER	-
LIQUIDS-GENERAL	5
DRINKING TOO FAST	-
DRINKING TOO MUCH	-
CONSTIPATION	-
GAS	-
ANXIETY/NERVES	10
OVEREXERTION	5
CERTAIN TIMES OF DAY	-
OTHER	-
DONT KNOW	-
TOTAL COUNT	24

Values are percents. No significance testing was done.

	(A)
BASE SIZE	21
UNDUP. CAUSES CHILD TO EXPERIENCE INDIGE	
MISSING	57
UNDUPLICATED ILLNESS	5
UNDUPLICATED FOODS	38

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
DATA=(PC029207 HPTX)

DID CHILD EXPERIENCE INDIGESTION

	YES (A)
BASE SIZE	21
FREQUENCY CHILD EXPERIENCES INDIGESTION	
ONCE A DAY OR MORE	-
SEVERAL TIMES A WEEK	-
ONCE A WEEK	5
*SEVERAL TIMES A MONTH	14
ONCE A MONTH	29
ONCE EVERY 2-3 MONTHS	24
ONCE EVERY 4-6 MONTHS	10
SELDOM/LESS OFTEN	10
OTHER	10
NO RESPONSE	-

Values are percents. No significance testing was done.

	(A)
BASE SIZE	21
PRODUCT GIVEN TO RELIEVE INDIGESTION	
MYLANTA/MAALOX	5
PEPTO-BISMOL	43
TUMS/ROLAIDS	48
OTHER	24
NO RESPONSE	-
TOTAL COUNT	25

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PA029207 HPTX)

	TOTAL (A)
BASE SIZE	159
CAUSES CHILD TO EXPERIENCE INDIGESTION	
NEVER EXPERIENCED	68
EATING SPECIFIC FOODS/BEVERAGES	9
EATING FOODS THAT DISAGREE/CANT TOLERATE	7
EATING TOO MUCH FOOD AT ONE TIME	8
DRINKING TOO MUCH BEVERAGE AT ONE TIME .	4
EATING/DRINKING TOO QUICKLY	5
EATING AT WRONG TIME OF DAY	4
STRESS/NERVOUSNESS	2
ILLNESS	2
BACTERIA/VIRUSES	1
FATIGUE/PLAYING TOO HARD	1
OTHER	1
TOTAL COUNT	175

Values are percents. No significance testing was done.

	(A)
BASE SIZE	159
UNDUP. CAUSES CHILD TO EXPERIENCE INDIGE	
UNDUPLICATED FOODS	11
UNDUPLICATED ILLNESS	2
TOTAL COUNT	20

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PC029207 HPTX)

DID CHILD EXPERIENCE UPSET STOMACH

	YES (A)
BASE SIZE	146
CAUSES CHILD TO EXPERIENCE UPSET STOMACH	
ILLNESS-FLU/VIRUS	40
ILLNESS-ALLERGIES	1
MOTION SICKNESS	-
FOODS-GENERAL	7
FOODS-GASSY	-
FOODS-RICH	-
FOODS-SPICY	1
FOODS-GREASY/FATTY	2
FOODS-SPECIFIC	-
FOODS-ACIDIC	-
EATING TOO FAST	6
EATING TOO MUCH	21
NOT EATING REGULARLY	1
HUNGER	1
LIQUIDS-GENERAL	1
DRINKING TOO FAST	-
DRINKING TOO MUCH	4
CONSTIPATION	4
GAS	1
ANXIETY/NERVES	8
OVEREXERTION	5
CERTAIN TIMES OF DAY	1
OTHER	1
DONT KNOW	3
TOTAL COUNT	157

Values are percents. No significance testing was done.

	(A)
BASE SIZE	146
UNDUP. CAUSES CHILD TO EXPERIENCE UPSET	
UNDUPLICATED ILLNESS	40
UNDUPLICATED FOODS	10
TOTAL COUNT	73

Values are percents. No significance testing was done.

*UPSET
 (A)*



STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PC029207 HPTX)

DID CHILD EXPERIENCE UPSET STOMACH

	YES (A)
BASE SIZE	146
FREQUENCY CHLD EXPERIENCES UPSET STOMACH	
ONCE A DAY OR MORE	3
SEVERAL TIMES A WEEK	3
ONCE A WEEK	4
*SEVERAL TIMES A MONTH	13
ONCE A MONTH	12
ONCE EVERY 2-3 MONTHS	13
ONCE EVERY 4-6 MONTHS	23
SELDOM/LESS OFTEN	27
OTHER	1
NO RESPONSE	3

Values are percents. No significance testing was done.

	(A)
BASE SIZE	146
PRODUCTS GIVEN TO RELIEVE UPSET STOMACH	
MYLANTA/MAALOX	4
PEPTO-BISMOL	51
TUMS/ROLAIDS	11
OTHER	18
NO RESPONSE	-
TOTAL COUNT	123

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PAQ29207 HPTX)

	TOTAL (A)
BASE SIZE	159
CAUSES CHILD TO EXPERIENCE UPSET STOMACH	
NEVER EXPERIENCED	16
EATING SPECIFIC FOODS/BEVERAGES	25
EATING FOODS THAT DISAGREE/CANT TOLERATE	22
EATING TOO MUCH FOOD AT ONE TIME	43
DRINKING TOO MUCH BEVERAGE AT ONE TIME .	19
EATING/DRINKING TOO QUICKLY	26
EATING AT WRONG TIME OF DAY	6
STRESS/NERVOUSNESS	26
ILLNESS	48
BACTERIA/VIRUSES	40
FATIGUE/PLAYING TOO HARD	19
OTHER	6
TOTAL COUNT	472

Values are percents. No significance testing was done.

	(A)
BASE SIZE	159
UNDUP. CAUSES CHILD TO EXPERIENCE UPSET	
UNDUPLICATED FOODS	33
UNDUPLICATED ILLNESS	57
TOTAL COUNT	143

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PC029207 HPTX)

DID CHILD EXPERIENCE GAS

	YES (A)
BASE SIZE	81
CAUSES CHILD TO EXPERIENCE GAS	
ILLNESS-FLU/VIRUS	-
ILLNESS-ALLERGIES	1
MOTION SICKNESS	-
FOODS-GENERAL	28
FOODS-GASSY	14
FOODS-RICH	1
FOODS-SPICY	7
FOODS-GREASY/FATTY	1
FOODS-SPECIFIC	2
FOODS-ACIDIC	-
EATING TOO FAST	5
EATING TOO MUCH	7
NOT EATING REGULARLY	-
HUNGER	1
LIQUIDS-GENERAL	5
DRINKING TOO FAST	-
DRINKING TOO MUCH	1
CONSTIPATION	1
GAS	-
ANXIETY/NERVES	-
OVEREXERTION	1
CERTAIN TIMES OF DAY	-
OTHER	1
DONT KNOW	9
TOTAL COUNT	71

Values are percents. No significance testing was done.

	(A)
BASE SIZE	81
UNDUP. CAUSES CHILD TO EXPERIENCE GAS	
MISSING	47
UNDUPLICATED ILLNESS	1
UNDUPLICATED FOODS	52

Values are percents. No significance testing was done.

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STOMACH DISCOMFORT INFO-CHILDREN 3-12
DATA=(PC029207 HPTX)

DID CHILD EXPERIENCE GAS

	YES (A)
BASE SIZE	81
FREQUENCY CHILD EXPERIENCES GAS	
ONCE A DAY OR MORE	12
SEVERAL TIMES A WEEK	21
ONCE A WEEK	7
*SEVERAL TIMES A MONTH	19
ONCE A MONTH	7
ONCE EVERY 2-3 MONTHS	10
ONCE EVERY 4-6 MONTHS	4
SELDOM/LESS OFTEN	10
OTHER	1
NO RESPONSE	9

Values are percents. No significance testing was done.

	(A)
BASE SIZE	81
PRODUCT GIVEN TO RELIEVE GAS	
MYLANTA/MAALOX	5
PEPTO-BISMOL	12
TUMS/ROLAIDS	14
OTHER	11
NO RESPONSE	-
TOTAL COUNT	34

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PA029207 HPTX)

	TOTAL (A)
BASE SIZE	159
CAUSES CHILD TO EXPERIENCE GAS	
NEVER EXPERIENCED	45
EATING SPECIFIC FOODS/BEVERAGES	30
EATING FOODS THAT DISAGREE/CANT TOLERATE	13
EATING TOO MUCH FOOD AT ONE TIME	5
DRINKING TOO MUCH BEVERAGE AT ONE TIME .	4
EATING/DRINKING TOO QUICKLY	7
EATING AT WRONG TIME OF DAY	1
STRESS/NERVOUSNESS	3
ILLNESS	3
BACTERIA/VIRUSES	3
FATIGUE/PLAYING TOO HARD	1
OTHER	1
TOTAL COUNT	183

Values are percents. No significance testing was done.

	(A)
BASE SIZE	159
UNDUP. CAUSES CHILD TO EXPERIENCE GAS	
UNDUPLICATED FOODS	36
UNDUPLICATED ILLNESS	3
TOTAL COUNT	62

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PC029207 HPTX)

DID CHILD EXPERIENCE NAUSEA

	YES (A)
BASE SIZE	101
CAUSE CHILD TO EXPERIENCE NAUSEA	
ILLNESS-FLU/VIRUS	62
ILLNESS-ALLERGIES	1
MOTION SICKNESS	10
FOODS-GENERAL	11
FOODS-GASSY	-
FOODS-RICH	-
FOODS-SPICY	-
FOODS-GREASY/FATTY	-
FOODS-SPECIFIC	-
FOODS-ACIDIC	-
EATING TOO FAST	1
EATING TOO MUCH	5
NOT EATING REGULARLY	-
HUNGER	7
LIQUIDS-GENERAL	1
DRINKING TOO FAST	-
DRINKING TOO MUCH	1
CONSTIPATION	-
GAS	-
ANXIETY/NERVES	3
OVEREXERTION	2
CERTAIN TIMES OF DAY	2
OTHER	-
DONT KNOW	-
TOTAL COUNT	107

Values are percents. No significance testing was done.

	(A)
BASE SIZE	101
UNDUP. CAUSE CHILD TO EXPERIENCE NAUSEA	
UNDUPLICATED ILLNESS	63
UNDUPLICATED FOODS	11
TOTAL COUNT	75

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PC029207 HPTX)

DID CHILD EXPERIENCE NAUSEA

	YES (A)
BASE SIZE	101
FREQUENCY CHILD EXPERIENCED NAUSEA	
ONCE A DAY OR MORE	-
SEVERAL TIMES A WEEK	4
ONCE A WEEK	2
*SEVERAL TIMES A MONTH	6
ONCE A MONTH	5
ONCE EVERY 2-3 MONTHS	9
ONCE EVERY 4-6 MONTHS	24
SELDOM/LESS OFTEN	37
OTHER	2
NO RESPONSE	12

Values are percents. No significance testing was done.

	(A)
BASE SIZE	101
PRODUCT GIVEN TO RELIEVE NAUSEA	
MYLANTA/MAALOX	5
PEPTO-BISMOL	42
TUMS/ROLAIDS	6
OTHER	18
NO RESPONSE	-
TOTAL COUNT	71

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PA029207 HPTX)

	TOTAL (A)
BASE SIZE	159
CAUSES CHILD TO EXPERIENCE NAUSEA	
NEVER EXPERIENCED	36
EATING SPECIFIC FOODS/BEVERAGES	8
EATING FOODS THAT DISAGREE/CANT TOLERATE	11
EATING TOO MUCH FOOD AT ONE TIME	12
DRINKING TOO MUCH BEVERAGE AT ONE TIME .	7
EATING/DRINKING TOO QUICKLY	7
EATING AT WRONG TIME OF DAY	4
STRESS/NERVOUSNESS	13
ILLNESS	43
BACTERIA/VIRUSES	41
FATIGUE/PLAYING TOO HARD	10
OTHER	6
TOTAL COUNT	314

Values are percents. No significance testing was done.

	(A)
BASE SIZE	159
UNDUP. CAUSES CHILD TO EXPERIENCE NAUSEA	
UNDUPLICATED FOODS	14
UNDUPLICATED ILLNESS	50
TOTAL COUNT	102

Values are percents. No significance testing was done.

DID CHILD EXPERIENCE FULLNESS/BLOATING

	YES (A)
BASE SIZE	21
CAUSES CHILD TO EXPERIENCE FULL/BLOATING	
ILLNESS-FLU/VIRUS	-
ILLNESS-ALLERGIES	10
MOTION SICKNESS	-
FOODS-GENERAL	5
FOODS-GASSY	-
FOODS-RICH	-
FOODS-SPICY	-
FOODS-GREASY/FATTY	-
FOODS-SPECIFIC	-
FOODS-ACIDIC	-
EATING TOO FAST	10
EATING TOO MUCH	57
NOT EATING REGULARLY	-
HUNGER	-
LIQUIDS-GENERAL	-
DRINKING TOO FAST	5
DRINKING TOO MUCH	10
CONSTIPATION	5
GAS	-
ANXIETY/NERVES	-
OVEREXERTION	5
CERTAIN TIMES OF DAY	-
OTHER	5
DONT KNOW	-
TOTAL COUNT	23

Values are percents. No significance testing was done.

	(A)
BASE SIZE	21
UNDUP. CAUSES CHILD TO EXPERIENCE FULL/B	
MISSING	86
UNDUPLICATED ILLNESS	10
UNDUPLICATED FOODS	5

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PC029207 HPTX)

DID CHILD EXPERIENCE FULLNESS/BLOATING

	YES (A)
BASE SIZE	21
FREQUENCY CHILD EXP FULLNESS/BLOATING	
ONCE A DAY OR MORE	5
SEVERAL TIMES A WEEK	14
ONCE A WEEK	5
*SEVERAL TIMES A MONTH	29
ONCE A MONTH	10
ONCE EVERY 2-3 MONTHS	5
ONCE EVERY 4-6 MONTHS	5
SELDOM/LESS OFTEN	14
OTHER	5
NO RESPONSE	10

Values are percents. No significance testing was done.

	(A)
BASE SIZE	21
PRODUCT GIVEN RELIEVES FULLNESS/BLOATING	
MYLANTA/MAALOX	-
PEPTO-BISMOL	14
TUMS/ROLAIDS	19
OTHER	19
NO RESPONSE	-
TOTAL COUNT	11

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PA029207 HPTX)

	TOTAL (A)
BASE SIZE	159
CAUSES CHILD TO EXPER. FULLNESS/BLOATING	
NEVER EXPERIENCED	65
EATING SPECIFIC FOODS/BEVERAGES	2
EATING FOODS THAT DISAGREE/CANT TOLERATE	2
EATING TOO MUCH FOOD AT ONE TIME	11
DRINKING TOO MUCH BEVERAGE AT ONE TIME .	7
EATING/DRINKING TOO QUICKLY	6
EATING AT WRONG TIME OF DAY	1
STRESS/NERVOUSNESS	1
ILLNESS	1
BACTERIA/VIRUSES	1
FATIGUE/PLAYING TOO HARD	1
OTHER	1
TOTAL COUNT	153

Values are percents. No significance testing was done.

	(A)
BASE SIZE	159
UNDUP. CAUSES CHILD TO EXPER. FULLNESS/B	
UNDUPLICATED FOODS	4
UNDUPLICATED ILLNESS	1
TOTAL COUNT	7

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
DATA=(PC029207 HPTX)

TO IDENTIFY CHILD MEMBER

	(A)
BASE SIZE	159
OVERINDULGENCE-EATING WRONG KIND OF FOOD	
NO RESPONSE	-
STRONGLY DISAGREE (1)	19
DISAGREE (2)	18
SLIGHTLY DISAGREE (3)	11
SLIGHTLY AGREE (4)	16
AGREE (5)	24
STRONGLY AGREE (6)	12
BASE SIZE	159
MEAN	3.43

Values are percents. No significance testing was done.

	(A)
BASE SIZE	159
OVERINDULGENCE-DRUNK WRONG KIND OF BEV	
NO RESPONSE	1
STRONGLY DISAGREE (1)	19
DISAGREE (2)	28
SLIGHTLY DISAGREE (3)	11
SLIGHTLY AGREE (4)	16
AGREE (5)	20
STRONGLY AGREE (6)	4
BASE SIZE	157
MEAN	3.03

Values are percents. No significance testing was done.

	(A)
BASE SIZE	159
OVERINDULGENCE-EATING TOO MUCH AT ONE TM	
NO RESPONSE	1
STRONGLY DISAGREE (1)	1
DISAGREE (2)	1
SLIGHTLY DISAGREE (3)	1
SLIGHTLY AGREE (4)	3
AGREE (5)	30
STRONGLY AGREE (6)	64
BASE SIZE	157
MEAN	5.57

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PC029207 HPTX)

TO IDENTIFY CHILD MEMBER

	1	
		(A)
BASE SIZE		159
OVERINDULGED-DRUNK TOO MUCH NONALCO BEV		
NO RESPONSE		3
STRONGLY DISAGREE (1)		1
DISAGREE (2)		9
SLIGHTLY DISAGREE (3)		8
SLIGHTLY AGREE (4)		14
AGREE (5)		28
STRONGLY AGREE (6)		36
 BASE SIZE		 154
MEAN		4.71

Values are percents. No significance testing was done.

		(A)
BASE SIZE		159
OVERINDULGED-DRUNK TOO MUCH ALCOHOLC BEV		
NO RESPONSE		4
STRONGLY DISAGREE (1)		4
DISAGREE (2)		6
SLIGHTLY DISAGREE (3)		1
SLIGHTLY AGREE (4)		6
AGREE (5)		19
STRONGLY AGREE (6)		60
 BASE SIZE		 153
MEAN		5.21

Values are percents. No significance testing was done.

		(A)
BASE SIZE		159
OVERINDULGENCE FROM EATING TOO QUICKLY		
NO RESPONSE		3
STRONGLY DISAGREE (1)		6
DISAGREE (2)		14
SLIGHTLY DISAGREE (3)		7
SLIGHTLY AGREE (4)		25
AGREE (5)		28
STRONGLY AGREE (6)		17
 BASE SIZE		 155
MEAN		4.08

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PC029207 HPTX)

TO IDENTIFY CHILD MEMBER

	1	
		(A)
BASE SIZE		159
OVERINDULGENCE-DRUNK TOO QUICKLY		
NO RESPONSE		3
STRONGLY DISAGREE (1)		6
DISAGREE (2)		21
SLIGHTLY DISAGREE (3)		9
SLIGHTLY AGREE (4)		25
AGREE (5)		26
STRONGLY AGREE (6)		11
BASE SIZE		155
MEAN		3.77

Values are percents. No significance testing was done.

		(A)
BASE SIZE		159
OVERINDULGENCE-EATING AT WRONG TIME DAY		
NO RESPONSE		4
STRONGLY DISAGREE (1)		15
DISAGREE (2)		34
SLIGHTLY DISAGREE (3)		16
SLIGHTLY AGREE (4)		18
AGREE (5)		11
STRONGLY AGREE (6)		3
BASE SIZE		153
MEAN		2.84

Values are percents. No significance testing was done.

		(A)
BASE SIZE		159
OVERINDULGENCE-EATING WHILE STRESSED/NER		
NO RESPONSE		1
STRONGLY DISAGREE (1)		18
DISAGREE (2)		18
SLIGHTLY DISAGREE (3)		11
SLIGHTLY AGREE (4)		17
AGREE (5)		24
STRONGLY AGREE (6)		11
BASE SIZE		158
MEAN		3.46

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
DATA=(PC029207 HPTX)

TO IDENTIFY CHILD MEMBER

	1	(A)
BASE SIZE		159
OVERINDULGENCE (OTHER)		
NO RESPONSE	97	
STRONGLY DISAGREE (1)	1	
DISAGREE (2)	1	
SLIGHTLY DISAGREE (3)	-	
SLIGHTLY AGREE (4)	-	
AGREE (5)	1	
STRONGLY AGREE (6)	1	
BASE SIZE		5
MEAN		3.00

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PC029207 HPTX)

	TOTAL (A)
BASE SIZE	242
OVERINDULGENCE-EATING WRONG KIND OF FOOD	
NO RESPONSE	-
STRONGLY DISAGREE (1)	16
DISAGREE (2)	19
SLIGHTLY DISAGREE (3)	11
SLIGHTLY AGREE (4)	16
AGREE (5)	26
STRONGLY AGREE (6)	12
BASE SIZE	242
MEAN	3.53

Values are percents. No significance testing was done.

	(A)
BASE SIZE	242
OVERINDULGENCE-DRUNK WRONG KIND OF BEV	
NO RESPONSE	1
STRONGLY DISAGREE (1)	17
DISAGREE (2)	28
SLIGHTLY DISAGREE (3)	12
SLIGHTLY AGREE (4)	18
AGREE (5)	22
STRONGLY AGREE (6)	3
BASE SIZE	240
MEAN	3.10

Values are percents. No significance testing was done.

	(A)
BASE SIZE	242
OVERINDULGENCE-EATING TOO MUCH AT ONE TM	
NO RESPONSE	1
STRONGLY DISAGREE (1)	0
DISAGREE (2)	0
SLIGHTLY DISAGREE (3)	0
SLIGHTLY AGREE (4)	2
AGREE (5)	34
STRONGLY AGREE (6)	61
BASE SIZE	240
MEAN	5.55

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PC029207 HPTX)

	TOTAL (A)
BASE SIZE	242
OVERINDULGED-DRUNK TOO MUCH NONALCO BEV	
NO RESPONSE	2
STRONGLY DISAGREE (1)	2
DISAGREE (2)	8
SLIGHTLY DISAGREE (3)	9
SLIGHTLY AGREE (4)	13
AGREE (5)	33
STRONGLY AGREE (6)	33
BASE SIZE	237
MEAN	4.70

Values are percents. No significance testing was done.

	(A)
BASE SIZE	242
OVERINDULGED-DRUNK TOO MUCH ALCOHOLC BEV	
NO RESPONSE	2
STRONGLY DISAGREE (1)	4
DISAGREE (2)	6
SLIGHTLY DISAGREE (3)	1
SLIGHTLY AGREE (4)	6
AGREE (5)	21
STRONGLY AGREE (6)	60
BASE SIZE	236
MEAN	5.19

Values are percents. No significance testing was done.

	(A)
BASE SIZE	242
OVERINDULGENCE FROM EATING TOO QUICKLY	
NO RESPONSE	2
STRONGLY DISAGREE (1)	5
DISAGREE (2)	15
SLIGHTLY DISAGREE (3)	6
SLIGHTLY AGREE (4)	26
AGREE (5)	29
STRONGLY AGREE (6)	17
BASE SIZE	238
MEAN	4.12

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PC029207 HPTX)

	TOTAL (A)
BASE SIZE	242
OVERINDULGENCE-DRUNK TOO QUICKLY	
NO RESPONSE	2
STRONGLY DISAGREE (1)	5
DISAGREE (2)	21
SLIGHTLY DISAGREE (3)	9
SLIGHTLY AGREE (4)	26
AGREE (5)	27
STRONGLY AGREE (6)	11
BASE SIZE	237
MEAN	3.83

Values are percents. No significance testing was done.

	(A)
BASE SIZE	242
OVERINDULGENCE-EATING AT WRONG TIME DAY	
NO RESPONSE	3
STRONGLY DISAGREE (1)	14
DISAGREE (2)	30
SLIGHTLY DISAGREE (3)	21
SLIGHTLY AGREE (4)	18
AGREE (5)	11
STRONGLY AGREE (6)	2
BASE SIZE	235
MEAN	2.89

Values are percents. No significance testing was done.

	(A)
BASE SIZE	242
OVERINDULGENCE-EATING WHILE STRESSED/NER	
NO RESPONSE	0
STRONGLY DISAGREE (1)	15
DISAGREE (2)	17
SLIGHTLY DISAGREE (3)	14
SLIGHTLY AGREE (4)	18
AGREE (5)	24
STRONGLY AGREE (6)	11
BASE SIZE	241
MEAN	3.52

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
DATA=(PC029207 HPTX)

	TOTAL (A)
BASE SIZE	242
OVERINDULGENCE (OTHER)	
NO RESPONSE	96
STRONGLY DISAGREE (1)	2
DISAGREE (2)	0
SLIGHTLY DISAGREE (3)	-
SLIGHTLY AGREE (4)	-
AGREE (5)	1
STRONGLY AGREE (6)	0
BASE SIZE	9
MEAN	3.00

Values are percents. No significance testing was done.

VERBATIM COMMENTS
WORDS TO DESCRIBE FEELINGS ASSOCIATED WITH SYMPTOM

92-07

FULLNESS/BLOATING

	<u>AGE</u>	<u>COMMENT</u>
F	04	I OVERDID IT, MOM
F	05	I'M FULL AND NEED TO REST
F	05	MY TUMMY'S FULL
F	06	I ATE TOO MUCH
F	06	MY TUMMY IS TOO FULL/I CAN'T EAT
F	08	I'M TOO FULL
F	09	FEEL FULL
F	09	I'M STUFFED
F	10	I FEEL FULL
F	10	I FEEL SO FULL AND BLOWN UP
F	10	I'M SO FULL-MY TUMMY HURTS
F	10	STOMACH GETS PUFFED OUT LIKE A BALLOON
F	10	STOMACH HURTS
F	11	FEEL MY STOMACH/MY STOMACH HURTS
F	11	I ATE TOO MUCH
F	11	I FEEL SO FULL I CAN'T MOVE
F	11	I'M FULL
F	11	MY TUMMY FEELS TIGHT
F	12	AAHHH I ATE TOO MUCH/MY STOMACH HURTS

GAS

	<u>AGE</u>	<u>COMMENT</u>
G		I HAVE GAS
G		I HAVE GAS
G	04	I CAN'T HELP IT WHEN I GAS-IT JUST COMES OUT
G	04	I FARTED
G	04	I FEEL BETTER NOW THAT I CAN PASS GAS
G	04	I HAVE GAS
G	04	I HAVE GAS
G	04	I PASSED GAS
G	04	MOMMY MY TUMMY HEARTS
G	05	I NEED TO GO POTTY
G	05	I PASSED GAS
G	05	I PASSED GAS
G	06	EXCUSE ME! I HAVE GAS
G	06	LAUGHS OR SAYS "EXCUSE ME"
G	06	TOOTING
G	06	TUMMY HURTS
G	06	TUMMY HURTS
G	07	GAS
G	07	IT HURTS!
G	07	MY STOMACH HURTS
G	07	TUMMY HURTS (LOWER ABDOMEN)
G	08	EXCUSE ME!
G	08	GOT TO LET SOMETHING GO
G	08	HE NEEDS NO WORD, JUST HIS PRESENCE TELLS IT ALL (BAD ODOR)
G	08	I HAVE TO BREAK WIND
G	08	JUST "WARNS" THE FAMILY HE HAS PASSED GAS
G	08	MY STOMACH IS ROLLING. GET READY. I'M GOING TO LET ONE.
G	09	FEEL LIKE I NEED TO BURP
G	09	I HAVE GAS
G	09	NONVERBAL-PASSES GAS
G	10	CRAMPS IN THE BELLY, PASSES GAS
G	10	HE DOESN'T SAY ANYTHING, HE JUST EXPELS GAS AND SAYS "AHHH"
G	10	I NEED TO LET GAS OUT
G	10	I PASSED GAS
G	10	IT HURTS!
G	10	JUST HEAR IT
G	10	MY STOMACH IS RUMBLING-LIKE SOLDIERS MARCHING
G	10	MY TUMMY HURTS
G	10	MY TUMMY IS UPSET
G	10	PASSES GAS
G	10	PRESSURE
G	10	STICKING PAIN
G	10	STOMACH GETS REAL HARD UNTIL I PASS GAS
G	10	TOOTING
G	10	TUMMY HURTS

	<u>AGE</u>	<u>COMMENT</u>
G	11	BELLY HURTS, DON'T FEEL GOOD
G	11	GAS
G	11	HURT AND BUBBLING FEELING
G	11	I DON'T FEEL GOOD
G	11	I HAVE GAS/I'VE HAD IT ALL DAY
G	11	MY TUMMY FEELS TIGHT
G	11	NONVERBAL-PASSES GAS
G	11	PASSES GAS
G	11	STOMACH FEELS FUNNY
G	11	STOMACH HURTING AND LETTING GAS OUT CONTINUOUSLY
G	12	BUBBLES/PAIN
G	12	GAS PAINS HURT
G	12	I FEEL LIKE I HAVE BUBBLES IN MY BELL
G	12	PHEW!

PD0292-07

HEARTBURN

	<u>AGE</u>	<u>COMMENT</u>
H	04	I HURT HERE (AND HE WILL POINT)
H	06	MY CHEST HURTS
H	08	MY CHEST IS BURNING AND HAS ALOT OF PAIN
H	09	CHEST BURNS
H	10	BURNING IN CHEST
H	10	IT HURTS HERE (STOMACH)
H	10	MY TUMMY HURTS/BURNS
H	11	BURNING CHEST PAINS
H	11	I FEEL BURNING IN MY CHEST/PAINS AROUND MY HEART
H	11	MY STOMACH HURTS
H	12	"BURNING/NEED A FIRE EXTINGUISHER IN MY THROAT"
H	12	BURNING SENSATION
H	12	HEARTBURN

INDIGESTION

	<u>AGE</u>	<u>COMMENT</u>
I	04	I HAVE LOTS OF BURPS
I	06	BURPING
I	06	MY BURTS HURT AND ARE PUKEY
I	06	TUMMY HURTS
I	07	BURNS
I	07	MY TUMMY HURTS
I	08	HAVE TO BURP TOO MUCH
I	08	I NEED TO BURP, BUT IT WON'T COME OUT
I	09	ICKY
I	09	STOMACH HURTS
I	09	STOMACH HURTS/I DON'T FEEL GOOD
I	10	BURPING OR BELCHING
I	10	GASSY IN THE STOMACH
I	10	IT BURNS
I	10	MY STOMACH HURTS/IT BURNS
I	10	MY TUMMY HURTS
I	10	STOMACH HURTS
I	10	TUMMY HURTS
I	11	FUNNY FEELING IN MY STOMACH
I	11	I HAVE GAS AND MY STOMACH HURTS
I	11	STOMACH HURTS
I	12	CHEST PAIN HURTS IN MY HEART
I	12	STOMACH ACHE

Indigestion = gas in stomach

NAUSEA

	<u>AGE</u>	<u>COMMENT</u>
N		I'M PUKEY AND GONNA THROW UP
N		I'M PUKEY AND GONNA THROW UP
N	03	I DON'T FEEL GOOD/MY TUMMY IS UPSET
N	03	MY STOMACH HURTS, MOMMY
N	04	I HAVE TO COUGH/MY TUMMY HURTS
N	04	I HAVE TO THROW UP
N	04	I'M GOING TO PUKE
N	04	MY TUMMY HURTS
N	04	MY TUMMY HURTS
N	04	THROW UP
N	04	TUMMY FEELS ICKY
N	04	TUMMY HURTS
N	05	FUNNY TASTE IN MOUTH/LEGS FEEL WOBBLY
N	05	I FEEL LIKE I COULD THROW UP
N	05	I FEEL LIKE I'M GOING TO THROW UP
N	05	I FEEL SICK
N	05	I HAVE TO THROW UP
N	05	MY TUMMY HURTS
N	05	STOMACH MOVES/HURTS BAD
N	05	THIS MAKES ME SICK
N	06	DOESN'T SAY ANYTHING/I USUALLY HAVE TO WATCH HIS COLOR
N	06	DON'T FEEL WELL
N	06	I DON'T FEEL GOOD/I THINK I'M GOING TO VOMIT
N	06	I FEEL LIKE I'M GOING TO THROW UP
N	06	I FEEL LIKE I'M GOING TO THROW UP
N	06	I FEEL SICK TO MY STOMACH
N	06	MY TUMMY HURTS
N	06	THROW UP
N	06	TUMMY FEELS FUNNY
N	07	FEELS LIKE I'M GOING TO GET SICK
N	07	FEELS LIKE SHE'S GOING TO "URP"
N	07	FEELS SICK TO STOMACH
N	07	I FEEL LIKE I AM GOING TO THROW UP
N	07	I FEEL LIKE I'M GOING TO THROW UP
N	07	I FEEL SICK
N	07	I FEEL SICK LIKE I'M GOING TO THROW UP
N	07	I THINK I'M GOING TO THROW UP
N	07	I'M GOING TO THROW UP
N	07	SHE TELLS ME ALSO THAT SHE FEELS THAT SHE IS GOING TO THROW UP
N	07	STOMACH ACHE
N	07	STOMACH FEELS SICK
N	07	THROW UP
N	08	BELLYACHE
N	08	FEEL LIKE THROWING UP
N	08	I FEEL LIKE I'M GOING TO THROW UP
N	08	I FEEL SICK
N	08	I FEEL SICK ON MY TUMMY
N	08	I HAVE TO THROW UP
N	08	I'M GOING TO PUKE! MOVE!
N	08	I'M GOING TO THROW UP
N	08	I'M GOING TO THROW UP
N	08	STOMACH FEELS ISHY/HEADACHE

	<u>AGE</u>	<u>COMMENT</u>
N	09	FEEL SICK
N	09	FEELS SICK TO STOMACH
N	09	FEELS WEIRD
	09	I FEEL LIKE THROWING UP
N	09	I'M GOING TO THROW UP
N	09	MY STOMACH HURTS
N	09	SHE TELLS ME SHE FEELS THAT SHE IS GOING TO THROW UP
N	10	DIZZY/WANT TO THROW UP
N	10	FEEL LIKE THROWING UP
N	10	FEEL LIKE VOMITING
N	10	FEELS SICK TO STOMACH
N	10	I AM DIZZY/I FEEL LIKE I'M GOING TO THROW UP/I FEEL SICK
N	10	I DON'T FEEL GOOD
N	10	I FEEL LIKE I'M GOING TO PUKE (THROW UP)
N	10	I FEEL LIKE I'M GOING TO THROW UP
N	10	I FEEL SICK
N	10	I FEEL SICK
N	10	I FEEL SICK TO MY STOMACH
N	10	I FELL LIKE I'M GONNA THROW UP
N	10	I THINK I MIGHT THROW UP
N	10	I'M SICK
N	10	SEA SICK STOMACH
N	10	STOMACH HURTS/FEEL LIKE HE IS GOING TO VOMIT
N	10	STOMACH HURTS LIKE I'M GONNA THROW UP
N	10	WANTS TO THROW UP
N	11	DIZZY/FEEL LIKE VOMITING
N	11	FEEL LIKE THROWING UP
N	11	I DON'T FEEL GOOD
I	11	I DON'T FEEL SO GOOD/I'M GONNA THROW UP
l	11	I FEEL LIKE THROWING UP
N	11	I THINK I'M GONNA THROW UP
N	11	I'M GONNA THROW UP
N	11	I'M NOT HUNGRY/I'M NOT GOING TO EAT ANY THING/I FEEL SICK/ I FEEL LIKE I'M GOING TO THROW UP/STOMACH HURTS/ DON'T FEEL GOOD
N	11	MY BELLY HURTS
N	11	NAUSEOUS
N	11	NEED TO THROW UP
N	11	STOMACH IS SO EMPTY
N	11	WANTS TO THROW UP
N	12	FEEL AWFUL
N	12	FEEL LIKE VOMITING
N	12	FEELS HE HAS TO THROW UP/STOMACH GURGLES
N	12	I FEEL SICK TO MY STOMACH
N	12	MY STOMACH HURTS/I'M GOING TO PUKE
N	12	QUEASY
N	12	ROLLING/QUEASY
N	12	SICK AT MY STOMACH
N	12	THROAT BURNS

UPSET STOMACH

	<u>AGE</u>	<u>COMMENT</u>
U		STOMACH HURTS
U		TUMMY ACHE
U		TUMMY HURTS
U	03	I HAVE A TUMMY ACHE
U	03	MY TUMMY HURTS/I'M HUNGRY
U	04	HOLDS STOMACH AND CRIES, "I HAVE A STOMACH HURT."
U	04	I NEED SOME MEDICINE TO MAKE ME GO POOP
U	04	MOMMY MY TUMMY HEARTS
U	04	MY STOMACH FEELS SICK
U	04	MY STOMACH HURTS
U	04	MY TUMMY HURTS
U	04	MY TUMMY HURTS
U	04	MY TUMMY HURTS
U	04	TUMMY HURTS
U	04	TUMMY HURTS
U	05	IT FEELS BAD
U	05	MY BELLY HURTS
U	05	MY STOMACH HURTS
U	05	MY STOMACH HURTS
U	05	MY STOMACH HURTS
U	05	MY TUMMY HURTS
U	05	MY TUMMY HURTS
U	05	MY TUMMY HURTS
U	05	SHARP PAIN/HURTS/STOMACH FEELS LIKE IT'S MOVING
U	05	STOMACH HURTS
U	06	FEELS LIKE I'M GOING TO BE SICK
U	06	FEELS LIKE I'M HUNGRY BUT I'M NOT
U	06	HURTS
U	06	I HAVE A PAIN IN MY STOMACH
U	06	JUST DOESN'T FEEL RIGHT
U	06	MY STOMACH HURT
U	06	MY STOMACH HURTS
U	06	MY STOMACH HURTS
U	06	MY TUMMY HURTS
U	06	STOMACH HURTS
U	06	STOMACH HURTS
U	06	TELLS ME HER TUMMY HURTS, SO I USUALLY TELL HER TO EAT OR MAYBE SHE HAS EATEN TOO MUCH
U	06	THIS TUMMY HURTS
U	06	TUMMY ACHE
U	06	TUMMY FEELS FUNNY
U	06	TUMMY HURTS
U	06	TUMMY HURTS
U	06	TUMMY HURTS

	<u>AGE</u>	<u>COMMENT</u>
U	07	BURNS
U	07	DIARRHEA
U	07	FEELS SICK TO STOMACH
	07	HER TUMMY HURTS
U	07	I DON'T FEEL GOOD
U	07	I HAVE A STOMACH ACHE
U	07	I HAVE A STOMACH ACHE
U	07	I'M SICK/MY TUMMY HURTS
U	07	IT HURTS
U	07	MY STOMACH HURTS
U	07	MY STOMACH HURTS/I HAVE DIARRHEA
U	07	MY STOMACH HURTS OR I DON'T FEEL GOOD
U	07	MY STOMACH IS MAKING BUBBLES. CAN I TAKE SOME PINK STUFF?
U	07	SHE COMPLAINS THAT HER STOMACH HURTS
U	07	STOMACH ACHE
U	07	STOMACH HURTS
U	08	BELLYACHE
U	08	FEELS LIKE I'M GOING TO BE SICK
U	08	HE TELLS ME HIS TUMMY IS BOTHERING HIM AND IT HURTS
U	08	I'M SICK. I'M GONNA THROW UP
U	08	IT FEELS FLIP FLOP. MY STOMACH IS GOING CRAZY OR IT'S ACTING WEIRD. GIVE ME A TUM.
U	08	MY STOMACH DON'T FEEL WELL
U	08	MY STOMACH HURT
U	08	MY STOMACH HURTS
U	08	MY STOMACH HURTS/I FEEL LIKE I GOT TO VOMIT
U	08	STOMACH HURTS
U	08	STOMACH IS HOT
U	08	TUMMY HURTS AND I FEEL LIKE I HAVE TO THROW UP
U	08	DOESN'T FEEL GOOD/HURTS
U	09	CRAMPS
U	09	FEEL SICK
U	09	FEELS SICK TO STOMACH
U	09	I FEEL SICK
U	09	I HAVE THE BUG
U	09	MY STOMACH HURTS
U	09	MY STOMACH HURTS
U	09	MY STOMACHS UPSET
U	09	MY TUMMY HURTS
U	09	MY TUMMY HURTS
U	09	SHE STOPS EATING AS MUCH AS USUAL/COMPLAINS THAT IT IS UPSET
U	09	THEY COMPLAIN THEIR STOMACH HURTS

	<u>AGE</u>	<u>COMMENT</u>
U	10	FEELS SICK TO STOMACH
U	10	I DON'T FEEL GOOD
U	10	I FEEL LIKE I'M GOING TO THROW UP
U	10	IT HURTS!
U	10	IT HURTS
U	10	MOM I HAVE DIARRHEA
U	10	MY BELLY HURTS
U	10	MY STOMACH FEELS SICK/I DON'T FEEL TOO GOOD
U	10	MY STOMACH HURT
U	10	MY STOMACH HURTS
U	10	MY STOMACH HURTS
U	10	MY STOMACH HURTS
U	10	MY STOMACH HURTS
U	10	MY STOMACH HURTS/I DON'T FEEL SO GOOD
U	10	MY STOMACH HURTS MOMMY
U	10	MY STOMACH HURTS. CAN I TAKE SOMETHING?
U	10	MY TUMMY HURTS
U	10	MY TUMMY IS UPSET/I DON'T FEEL GOOD
U	10	PAIN IN STOMACH
U	10	STOMACH FEELS LIKE IT'S GOING AROUND
U	10	STOMACH HURTS
U	10	STOMACH HURTS
U	10	STOMACH HURTS/FEEL SICK
U	10	STOMACH IS TURNING
U	10	TUMMY HURTS
U	11	DON'T FEEL WELL/FEEL LIKE GONNA THROW UP
U	11	FEEL LIKE I NEED TO THROW UP
U	11	HE GRABS HIS STOMACH AND COMPLAINS IT ACHES
U	11	HURTS/STOMACH FEELS ROTTEN
U	11	I DON'T FEEL GOOD
U	11	I DON'T FEEL GOOD/MY BELLY FEELS LIKE IT'S DOING FLIPS
U	11	I DON'T FEEL SO GOOD/I'M GONNA THROW UP
U	11	I FEEL SICK/I FEEL LIKE I'M GOING TO THROW UP/ STOMACH HURTS/DON'T FEEL GOOD
U	11	MY STOMACH FEELS BAD/IT HURTS
U	11	MY STOMACH HURTS
U	11	MY STOMACH HURTS
U	11	MY STOMACH HURTS
U	11	MY STOMACH IS TURNING
U	11	REAL SICK FEELING
U	11	STOMACH ACHE
U	11	STOMACH ACHES
U	11	STOMACH FEELS YUKY
U	11	STOMACH HURTS
U	11	VERY SICK FOR AT LEAST 1/2 DAY OR SO

	<u>AGE</u>	<u>COMMENT</u>
U	12	BUTTERFLIES IN STOMACH
U	12	DIARRHEA
V	12	FEELS LIKE I AM GOING TO THROW UP
T	12	FULL, CAN'T GO TO THE BATHROOM, PAIN
U	12	HURTS/SHARP PAINS
U	12	I HAVE A BELLY ACHE
U	12	MY STOMACH HURTS
U	12	MY STOMACH HURTS
U	12	MY STOMACH HURTS/I'M GOING TO BE SICK
U	12	PAIN
U	12	RUNNING TO THE BATHROOM-LOOSE BOWELS
U	12	SOMEONE PUNCHED HER
U	12	STOMACH ACHE
U	12	STOMACH HURTS
U	12	STOMACH HURTS
U	12	STOMACH HURTS

PD# 0292-07
COMBINATIONS OF CAUSES

CODES

- A = EATING SPECIFIC FOODS OR BEVERAGES (SPICY/RICH/ACIDIC)
- B = EATING FOOD WHICH DISAGREES WITH YOU,
OR FOOD WHICH YOU CANNOT TOLERATE
- C = EATING TOO MUCH FOOD AT A TIME
- D = DRINKING TOO MUCH BEVERAGE AT A TIME
- E = EATING OR DRINKING TOO QUICKLY
- F = EATING AT THE WRONG TIME OF DAY
- G = STRESS/NERVOUSNESS
- H = ILLNESS (COLDS/FLU, ETC.)
- I = BACTERIA/VIRUSES
- J = FATIGUE
- K = OTHER (WRITE IN) _____

PD# 0292-07

COMBINATIONS OF CAUSES*
FOR
HEARTBURN

COMBINATION	NO. OF PANELISTS CITING COMBINATION	PANELIST #'S
AB	22	1, 2, 4, 5, 6, 19, 23, 28, 29, 35, 39, 40, 42, 49, 56, 70, 76, 78, 82, 84, 85, 87
ABC	14	7, 18, 22, 26, 29, 36, 41, 68, 71, 75, 77, 81, 83, 89
AC	7	26, 27, 40, 43, 59, 89, 90
ABG	5	9, 31, 57, 72, 90
ABCG	4	20, 51, 60, 79
EF	4	23, 44, 50, 85
ABCD	3	33, 44, 48
ABCE	3	32, 53, 80
AD	3	37, 60, 70
AE	3	15, 38, 65
AG	3	3, 47, 52
BE	3	43, 34, 38
CD	3	23, 53, 85
CDE	3	35, 40, 86
CE	3	4, 24, 52
CF	3	19, 30, 82
DE	3	38, 60, 69
FG	3	6, 53, 71
ABCF	2	50, 66
ABD	2	12, 70
ACF	2	34, 18
ACG	2	52, 58
AJ	2	45, 13
BC	2	16, 47
BEG	2	2, 13
BF	2	45, 90
EFG	2	18, 28
EG	2	45, 49
HIJ	2	27, 66

* ONLY DUPLICATE COMBINATIONS SHOWN

TOTAL COMBINATIONS (INCLUDING UNDUPLICATED COMBINATIONS) = 61

3/27/92

PD# 0292-07

COMBINATIONS OF CAUSES*
FOR
INDIGESTION

COMBINATION	NO. OF PANELISTS CITING COMBINATION	PANELIST #'S
AB	13	4, 12, 19, 28, 29, 45, 49, 54, 70, 81, 82, 84, 89
ABC	12	18, 32, 36, 47, 56, 68, 72, 75, 76, 78, 85, 89
AC	9	10, 19, 27, 35, 38, 53, 65, 86, 90
ABCD	8	23, 31, 33, 55, 61, 73, 77, 87
CDE	6	4, 20, 28, 40, 48, 49
ABF	4	16, 18, 34, 50
AE	4	42, 40, 65, 90
AG	4	13, 40, 60, 68
EG	4	27, 47, 52, 82
FG	4	38, 49, 53, 63
HIJ	4	27, 66, 71, 85
ABCG	3	51, 57, 79
ACE	3	2, 9, 52
BCD	3	48, 60, 83
BG	3	3, 26, 64
DE	3	5, 30, 36
EF	3	19, 23, 81
GH	3	10, 7, 39
ABD	2	15, 53
ABE	2	12, 13
ACD	2	37, 63
BC	2	43, 38
BE	2	1, 86
CE	2	6, 78
CF	2	29, 82
DEF	2	44, 74
EFG	2	28, 56
GHI	2	50, 60
GJ	2	41, 45

* ONLY DUPLICATE COMBINATIONS SHOWN

TOTAL COMBINATIONS (INCLUDING UNDUPLICATED COMBINATIONS) = 60

3/27/92

PD# 0292-07

COMBINATIONS OF CAUSES*
FOR
UPSET STOMACH

COMBINATION	NO. OF PANELISTS CITING COMBINATION	PANELIST #'S
HI	16	5, 18, 29, 32, 35, 36, 43, 45, 49, 67, 68, 71, 81, 83, 85, 90
ABCD	10	28, 31, 51, 54, 61, 64, 73, 77, 78, 87
GHI	10	16, 23, 30, 42, 50, 55, 57, 58, 82, 87
ABC	9	7, 12, 18, 36, 41, 56, 67, 68, 81
ABCE	7	9, 12, 22, 37, 44, 53, 80
AB	6	6, 19, 58, 74, 82, 84
CD	5	2, 10, 19, 26, 5
GH	5	3, 19, 27, 39, 48
GHIJ	5	6, 8, 37, 56, 61
AC	4	27, 59, 71, 86
BC	4	1, 16, 55, 63
BG	4	38, 45, 64, 90
ABH	3	24, 33, 69
CG	3	4, 40, 85
EF	3	23, 53, 85
HJ	3	4, 33, 52
ACE	2	50, 78
AGH	2	48, 89
AHI	2	11, 32
CDE	2	40, 49
CDEF	2	6, 82
CE	2	4, 78
EG	2	28, 52
EGHI	2	51, 77
FG	2	49, 71
GJ	2	59, 83
HIJ	2	28, 66
IJ	2	36, 54

* ONLY DUPLICATE COMBINATIONS SHOWN

TOTAL COMBINATIONS (INCLUDING UNDUPLICATED COMBINATIONS) = 77

3/27/92

PD# 0292-07

COMBINATIONS OF CAUSES*
FOR
GAS

COMBINATION	NO. OF PANELISTS CITING COMBINATION	PANELIST #'S
AB	19	2, 3, 4, 6, 16, 18, 19, 29, 40, 41, 49, 50, 53, 67, 68, 78, 81, 83, 85
AC	9	9, 35, 40, 48, 65, 73, 84, 86, 90
ABC	7	5, 12, 19, 22, 34, 36, 63
HI	7	5, 16, 27, 30, 51, 82, 85
FG	6	4, 18, 29, 49, 65, 84
CD	5	23, 45, 52, 60, 68
ABE	4	13, 28, 56, 74
ABCE	3	31, 33, 72
ABDE	3	12, 57, 77
ABG	3	24, 30, 58
AE	3	13, 79, 90
BC	3	42, 71, 86
BG	3	38, 73, 82
ABCG	2	20, 32
ABD	2	12, 61
ABI	2	87, 89
AH	2	43, 39
BCE	2	40, 48
BD	2	1, 47
CDE	2	4, 65
DE	2	63, 86
EF	2	44, 60
GH	2	50, 67

* ONLY DUPLICATE COMBINATIONS SHOWN

TOTAL COMBINATIONS (INCLUDING UNDUPLICATED COMBINATIONS) = 58

3/27/92

PD# 0292-07

COMBINATIONS OF CAUSES*
FOR
NAUSEA

COMBINATION	NO. OF PANELISTS CITING COMBINATION	PANELIST #'S
HI	21	1, 5, 16, 19, 23, 31, 32, 35, 38, 41, 45, 51, 54, 57, 68, 71, 81, 82, 83, 84, 90
ABCD	7	8, 18, 61, 63, 69, 77, 87
GHI	7	6, 27, 33, 34, 42, 52, 87
HIJ	7	12, 28, 55, 60, 66, 72, 85
AB	5	11, 23, 28, 53, 82
GH	5	38, 39, 53, 65, 67
BCD	4	6, 12, 85, 90
GJ	4	19, 41, 65, 68
ACG	3	24, 52, 60
BE	3	5, 47, 67
BG	3	52, 55, 84
BGH	3	2, 15, 89
EFG	3	18, 45, 85
GHIJ	3	8, 69, 73
IJ	3	20, 53, 56
ABC	2	12, 36
ABGH	2	2, 79
AG	2	3, 73
BD	2	68, 81
BH	2	48, 74
BHI	2	13, 36
CDE	2	19, 28
CEG	2	40, 47
CGHI	2	30, 37
CH	2	1, 40
EF	2	6, 78
EGHI	2	9, 61
HJ	2	31, 58
JK (PREGNANCY)	2	49, 83

* ONLY DUPLICATE COMBINATIONS SHOWN

TOTAL COMBINATIONS (INCLUDING UNDUPLICATED COMBINATIONS) = 74

3/27/92

PD# 0292-07

COMBINATIONS OF CAUSES*
FOR
FULLNESS/BLOATING

COMBINATION	NO. OF PANELISTS CITING COMBINATION	PANELIST #'S
CD	21	4, 7, 17, 23, 31, 38, 43, 45, 49, 53, 55, 58, 59, 60, 68, 76, 78, 81, 82, 83, 89
CDE	13	13, 15, 19, 22, 28, 34, 40, 52, 56, 72, 73, 77, 86
DE	9	12, 36, 38, 40, 48, 51, 52, 79, 90
CE	6	9, 38, 52, 67, 78, 90
AB	4	29, 55, 84, 86
HI	4	5, 23, 45, 64
ABC	3	6, 58, 85
ABCD	3	18, 48, 69
AC	3	50, 65, 68
ACD	3	16, 30, 13
CDEF	3	44, 8, 6
EF	3	18, 49, 81
FG	3	4, 66, 68
AD	2	33, 65
BC	2	4, 53
BCD	2	54, 63
BCE	2	41, 42
BE	2	17, 60
CDF	2	35, 85
CDG	2	87, 89
GK (MENSES)	2	12, 28

* ONLY DUPLICATE COMBINATIONS SHOWN

TOTAL COMBINATIONS (INCLUDING UNDUPLICATED COMBINATIONS) = 58

3/27/92

CONSUMER MAIL PANEL

P.O. Box 4602 North Suburban, IL 60197-4602



(R657)
(0292-07)

CHILD 1

Child #1's age: (WRITE IN)

Child #1's gender: ("X" ONE BOX) Female

Male

A Symptom	B Does child #1 experience this symptom? ("X" ONE BOX)	C What causes this child to experience this symptom? (PLEASE BE SPECIFIC)	D How often does this child experience this symptom? ("X" ONE BOX)		E What products have you given this child to relieve this symptom? ("X" ALL THAT APPLY)
HEARTBURN	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month <input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Seldom/less often <input type="checkbox"/> Other (WRITE IN)		<input type="checkbox"/> Mylanta/Maalox <input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> Tums/Roloids <input type="checkbox"/> Other (WRITE IN)
INDIGESTION	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month <input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Seldom/less often <input type="checkbox"/> Other (WRITE IN)		<input type="checkbox"/> Mylanta/Maalox <input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> Tums/Roloids <input type="checkbox"/> Other (WRITE IN)
UPSET STOMACH	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month <input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Seldom/less often <input type="checkbox"/> Other (WRITE IN)		<input type="checkbox"/> Mylanta/Maalox <input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> Tums/Roloids <input type="checkbox"/> Other (WRITE IN)
GAS	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month <input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Seldom/less often <input type="checkbox"/> Other (WRITE IN)		<input type="checkbox"/> Mylanta/Maalox <input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> Tums/Roloids <input type="checkbox"/> Other (WRITE IN)
NAUSEA	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month <input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Seldom/less often <input type="checkbox"/> Other (WRITE IN)		<input type="checkbox"/> Mylanta/Maalox <input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> Tums/Roloids <input type="checkbox"/> Other (WRITE IN)
FULLNESS/ BLOATING	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month <input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Seldom/less often <input type="checkbox"/> Other (WRITE IN)		<input type="checkbox"/> Mylanta/Maalox <input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> Tums/Roloids <input type="checkbox"/> Other (WRITE IN)

(TURN TO PAGE 2)

CHILD 2

Child #2's age. **(WRITE IN)**

Child #2's gender: **(“X” ONE BOX)** Female

Male

A <u>Symptom</u>	B Does child #2 experience this symptom? (“X” ONE BOX)	C What causes this child to experience this symptom? (PLEASE BE SPECIFIC)	D How often does this child experience this symptom? (“X” ONE BOX)		E What products have you given this child to relieve this symptom? (“X” ALL THAT APPLY)
HEARTBURN	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/>	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month <input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Seldom/less often <input type="checkbox"/> Other (WRITE IN)		<input type="checkbox"/> Mylanta/Maalox <input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> Tums/Roloids <input type="checkbox"/> Other (WRITE IN)
INDIGESTION	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/>	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month <input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Seldom/less often <input type="checkbox"/> Other (WRITE IN)		<input type="checkbox"/> Mylanta/Maalox <input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> Tums/Roloids <input type="checkbox"/> Other (WRITE IN)
UPSET STOMACH	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/>	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month <input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Seldom/less often <input type="checkbox"/> Other (WRITE IN)		<input type="checkbox"/> Mylanta/Maalox <input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> Tums/Roloids <input type="checkbox"/> Other (WRITE IN)
GAS	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/>	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month <input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Seldom/less often <input type="checkbox"/> Other (WRITE IN)		<input type="checkbox"/> Mylanta/Maalox <input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> Tums/Roloids <input type="checkbox"/> Other (WRITE IN)
NAUSEA	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/>	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month <input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Seldom/less often <input type="checkbox"/> Other (WRITE IN)		<input type="checkbox"/> Mylanta/Maalox <input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> Tums/Roloids <input type="checkbox"/> Other (WRITE IN)
FULLNESS/ BLOATING	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/>	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month <input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Seldom/less often <input type="checkbox"/> Other (WRITE IN)		<input type="checkbox"/> Mylanta/Maalox <input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> Tums/Roloids <input type="checkbox"/> Other (WRITE IN)

Child #3's age: (WRITE IN)

Child #3's gender: ("X" ONE BOX) Female Male

A Symptom	B Does child #3 experience this symptom? ("X" ONE BOX)	C What causes this child to experience this symptom? (PLEASE BE SPECIFIC)	D How often does this child experience this symptom? ("X" ONE BOX)		E What products have you given this child to relieve this symptom? ("X" ALL THAT APPLY)
HEARTBURN	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month	<input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Seldom/less often <input type="checkbox"/> Other (WRITE IN)	<input type="checkbox"/> Mylanta/Maalox <input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> Tums/Roloids <input type="checkbox"/> Other (WRITE IN)
INDIGESTION	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month	<input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Seldom/less often <input type="checkbox"/> Other (WRITE IN)	<input type="checkbox"/> Mylanta/Maalox <input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> Tums/Roloids <input type="checkbox"/> Other (WRITE IN)
UPSET STOMACH	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month	<input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Seldom/less often <input type="checkbox"/> Other (WRITE IN)	<input type="checkbox"/> Mylanta/Maalox <input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> Tums/Roloids <input type="checkbox"/> Other (WRITE IN)
GAS	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month	<input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Seldom/less often <input type="checkbox"/> Other (WRITE IN)	<input type="checkbox"/> Mylanta/Maalox <input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> Tums/Roloids <input type="checkbox"/> Other (WRITE IN)
NAUSEA	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month	<input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Seldom/less often <input type="checkbox"/> Other (WRITE IN)	<input type="checkbox"/> Mylanta/Maalox <input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> Tums/Roloids <input type="checkbox"/> Other (WRITE IN)
FULLNESS/ BLOATING	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month	<input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Seldom/less often <input type="checkbox"/> Other (WRITE IN)	<input type="checkbox"/> Mylanta/Maalox <input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> Tums/Roloids <input type="checkbox"/> Other (WRITE IN)

(TURN TO PAGE 4)

CHILD 4

Child #4's age: **(WRITE IN)** _____

Child #4's gender: **("X" ONE BOX)** Female Male

A Symptom	B Does child #4 experience this symptom? ("X" ONE BOX)	C What causes this child to experience this symptom? (PLEASE BE SPECIFIC)	D How often does this child experience this symptom? ("X" ONE BOX)		E What products have you given this child to relieve this symptom? ("X" ALL THAT APPLY)
HEARTBURN	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month	<input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Seldom/less often <input type="checkbox"/> Other (WRITE IN) _____	<input type="checkbox"/> Mylanta/Maalox <input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> Tums/Roloids <input type="checkbox"/> Other (WRITE IN) _____
INDIGESTION	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month	<input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Seldom/less often <input type="checkbox"/> Other (WRITE IN) _____	<input type="checkbox"/> Mylanta/Maalox <input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> Tums/Roloids <input type="checkbox"/> Other (WRITE IN) _____
UPSET STOMACH	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month	<input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Seldom/less often <input type="checkbox"/> Other (WRITE IN) _____	<input type="checkbox"/> Mylanta/Maalox <input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> Tums/Roloids <input type="checkbox"/> Other (WRITE IN) _____
GAS	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month	<input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Seldom/less often <input type="checkbox"/> Other (WRITE IN) _____	<input type="checkbox"/> Mylanta/Maalox <input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> Tums/Roloids <input type="checkbox"/> Other (WRITE IN) _____
NAUSEA	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month	<input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Seldom/less often <input type="checkbox"/> Other (WRITE IN) _____	<input type="checkbox"/> Mylanta/Maalox <input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> Tums/Roloids <input type="checkbox"/> Other (WRITE IN) _____
FULLNESS/ BLOATING	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____	<input type="checkbox"/> Once a day or more <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a month	<input type="checkbox"/> Once every 2-3 months <input type="checkbox"/> Once every 4-6 months <input type="checkbox"/> Seldom/less often <input type="checkbox"/> Other (WRITE IN) _____	<input type="checkbox"/> Mylanta/Maalox <input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> Tums/Roloids <input type="checkbox"/> Other (WRITE IN) _____

2. Following is the same list of symptoms as shown on the previous page. For each symptom, write in the words that each of your children uses to describe the feeling associated with the symptom **(PLEASE BE AS SPECIFIC AS POSSIBLE)**

What words does your child use to describe...	CHILD 1	CHILD 2	CHILD 3	CHILD 4
HEARTBURN	<hr/> <hr/> <hr/> <hr/>			
INDIGESTION	<hr/> <hr/> <hr/> <hr/>			
UPSET STOMACH	<hr/> <hr/> <hr/> <hr/>			
GAS	<hr/> <hr/> <hr/> <hr/>			
NAUSEA	<hr/> <hr/> <hr/> <hr/>			
FULLNESS/BLOATING	<hr/> <hr/> <hr/> <hr/>			

(TURN TO PAGE 6)

4 We would now like to find out how you, yourself, define "overindulgence in food or drink "

Following is a list of statements Beside each statement, indicate how strongly you disagree or agree with the statement by marking one, and only one, box after each statement. Here are some instructions on how to mark the "strongly disagree" to "strongly agree" scale.

If you AGREE with a comment, mark an "X" in the box under AGREE

If you DISAGREE with a comment, mark an "X" in the box under DISAGREE.

If you feel VERY SURE of your opinion, mark an "X" in the box under STRONGLY AGREE or STRONGLY DISAGREE.

If you are SOMEWHAT UNSURE of your opinion, mark an "X" in the box under SLIGHTLY AGREE or SLIGHTLY DISAGREE.

PLEASE BE SURE TO MARK ONLY ONE BOX FOR EACH STATEMENT. LEAVE NO COMMENT UNANSWERED.

Overindulgence in food or drink means I have...

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>
a) Eaten the wrong kind of food (spicy, greasy, rich, acidic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Drunk the wrong kind of beverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Eaten too much food at a time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Drunk too much (nonalcoholic beverage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Drunk too much (alcoholic beverage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Eaten too quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Drunk too quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Eaten at the wrong time of day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Eaten while stressed/nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Other (WRITE IN) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 Indicate whether your child/children has experienced stomach discomfort caused by overindulgence in food or beverage (as you have defined it in Qu. 4). If the child has experienced this, indicate how often he/she experiences it. Answer once for each child between the ages 3 and 12.

a) Child #1: Has child #1 experienced stomach discomfort symptoms caused by overindulgence in food or beverage as you defined it in Qu. 4?

No

Yes → If "Yes", how often does this child experience stomach discomfort symptoms caused by overindulgence in food or beverage? ("**X**" ONE BOX)

Once a day or more often

Once a month

Several times a week

Once every 2 to 3 months

Once a week

Once every 4 to 6 months

Several times a month

Seldom/less often

b) Child #2: Has child #2 experienced stomach discomfort symptoms caused by overindulgence in food or beverage as you defined it in Qu. 4?

No

Yes → If "Yes", how often does this child experience stomach discomfort symptoms caused by overindulgence in food or beverage? ("**X**" ONE BOX)

Once a day or more often

Once a month

Several times a week

Once every 2 to 3 months

Once a week

Once every 4 to 6 months

Several times a month

Seldom/less often

c) Child #3: Has child #3 experienced stomach discomfort symptoms caused by overindulgence in food or beverage as you defined it in Qu. 4?

No

Yes → If "Yes", how often does this child experience stomach discomfort symptoms caused by overindulgence in food or beverage? ("**X**" ONE BOX)

Once a day or more often

Once a month

Several times a week

Once every 2 to 3 months

Once a week

Once every 4 to 6 months

Several times a month

Seldom/less often

d) Child #4: Has child #4 experienced stomach discomfort symptoms caused by overindulgence in food or beverage as you defined it in Qu. 4?

No

Yes → If "Yes", how often does this child experience stomach discomfort symptoms caused by overindulgence in food or beverage? ("**X**" ONE BOX)

Once a day or more often

Once a month

Several times a week

Once every 2 to 3 months

Once a week

Once every 4 to 6 months

Several times a month

Seldom/less often

6. Following is the same list of symptoms shown previously. For each symptom, "X" the things that cause you, yourself, to experience that symptom. If you have never experienced a symptom, "X" the "HAVE NEVER EXPERIENCED" box. For symptoms you have experienced, "X" as many causes as apply.

	<u>Heartburn</u>	<u>Indigestion</u>	<u>Upset Stomach</u>	<u>Gas</u>	<u>Nausea</u>	<u>Fullness/Bloating</u>
HAVE NEVER EXPERIENCED	<input type="checkbox"/>					
CAUSES						
Eating specific foods or beverages (spicy/rich/acidic)	<input type="checkbox"/>					
Eating food which disagrees with you, or food which you cannot tolerate	<input type="checkbox"/>					
Eating too much food at a time	<input type="checkbox"/>					
Drinking too much beverage at a time	<input type="checkbox"/>					
Eating or drinking too quickly	<input type="checkbox"/>					
Eating at the wrong time of day	<input type="checkbox"/>					
Stress/Nervousness	<input type="checkbox"/>					
Illness (flu/colds, etc.)	<input type="checkbox"/>					
Bacteria/Viruses	<input type="checkbox"/>					
Fatigue	<input type="checkbox"/>					
Other (WRITE IN)	<input type="checkbox"/>					

7. Do you, yourself, experience gas with any of the following symptoms? ("X" ONE BOX FOR EACH SYMPTOM)

	<u>Yes</u>	<u>No</u>
Heartburn	<input type="checkbox"/>	<input type="checkbox"/>
Indigestion	<input type="checkbox"/>	<input type="checkbox"/>
Upset stomach	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Nausea	<input type="checkbox"/>	<input type="checkbox"/>
Fullness/bloating	<input type="checkbox"/>	<input type="checkbox"/>

(TURN TO PAGE 10)

- 8 People have told us that stomach discomfort symptoms sometimes result from a combination of causes. Below is a list of causes shown previously. For each symptom, indicate which causes sometimes go together and result in that symptom by writing in the code letters for the causes in the blanks beside the symptom. If the symptom is related to one cause only, record the one cause.

You may choose up to four causes for each combination and you may include up to three different combinations of causes for each symptom. Note, as shown in the following example, code letters may be selected more than once.

For example, suppose one of the symptoms was sneezing. If you think sneezing is sometimes caused by the combination of stress/nervousness and fatigue, you would write in a "G" (stress/nervousness) and a "J" (fatigue) in the blanks under "sneezing." If you also think that sneezing is sometimes caused by illness, bacteria and fatigue you would write in "H", "I" and "J" in the second set of blanks under "sneezing." Additionally, if you think sneezing is sometimes caused by bacteria, fatigue and pollen, you would write in "I", "J" and "K" in the third set of blanks below "sneezing", and you would also write the word "pollen" next to "K" (other).

CODE

- A - Eating specific foods or beverages (spicy/rich/acidic)
- B - Eating food which disagrees with you, or food which you cannot tolerate
- C - Eating too much food at a time
- D - Drinking too much beverage at a time
- E - Eating or drinking too quickly
- F - Eating at the wrong time of day
- G - Stress/Nervousness
- H - Illness (flu/colds, etc.)
- I - Bacteria/Viruses
- J - Fatigue
- K - Other (**WRITE IN**) _____

EXAMPLE: SNEEZING

- a. Sneezing sometimes results from the combination of causes: G J
- b. Also, it sometimes results from the combination of causes: H I J
- c. Also, it sometimes results from the combination of causes: I J K (pollen)

- a. Heartburn sometimes results from the combination of causes: _____
 - b. Also, it sometimes results from the combination of causes: _____
 - c. Also, it sometimes results from the combination of causes: _____
-

INDIGESTION

- a. Indigestion sometimes results from the combination of causes: _____
 - b. Also, it sometimes results from the combination of causes: _____
 - c. Also, it sometimes results from the combination of causes: _____
-

UPSET STOMACH

- a. Upset stomach sometimes results from the combination of causes: _____
 - b. Also, it sometimes results from the combination of causes: _____
 - c. Also, it sometimes results from the combination of causes: _____
-

GAS

- a. Gas sometimes results from the combination of causes: _____
 - b. Also, it sometimes results from the combination of causes: _____
 - c. Also, it sometimes results from the combination of causes: _____
-

NAUSEA

- a. Nausea sometimes results from the combination of causes: _____
 - b. Also, it sometimes results from the combination of causes: _____
 - c. Also, it sometimes results from the combination of causes: _____
-

FULLNESS/BLOATING

- a. Fullness/bloating sometimes results from the combination of causes: _____
- b. Also, it sometimes results from the combination of causes: _____
- c. Also, it sometimes results from the combination of causes: _____

CONSUMER MAIL PANEL
P.O. Box 4602 North Suburban, IL 60197-4602



(R657)
(0292-07)

Dear Panel Member:

Today I have some questions regarding health issues of your child/children. Please take the time to complete and return this questionnaire in the enclosed postage-paid envelope provided. Your answers are very important to me.

To thank you for your help with this study, I will be sending a gift to those who return a completed questionnaire.

Thank you for your help!

Cordially,

Maria

INSTRUCTIONS:

1. Please answer Qu. 1 for up to 4 of your children between the ages of 3 and 12 and continue to refer to Child #1, #2, #3, and #4 as a particular child throughout this questionnaire. For example, if you have a 6 year old boy who is child #1 on page 2 and an 8 year old girl who is child #2 on page 3, please always answer for your 6 year old boy as child #1 and your 8 year old girl as child #2. This is very important!

For each child write in their age, indicate their gender, then answer columns B, C, D, and E for each symptom listed under column A.

(The Results of This Home Performance Test Are For Use in Guiding
Product Development Work, Not For Marketing Decisions)

HOME PERFORMANCE TEST REPORT

PD# 0292-07

C. Shumaker

April 14, 1992

Ret. Limit: 7/1/93

STOMACH DISCOMFORT INDICES

CHILDREN AGES 3-12

The purpose of this study was to determine incidences and causes of upper G.I. discomfort symptoms in children, ages 3-12. It was conducted as a self-administered questionnaire among parents of the targeted childrens' age groups, recruited on a nationally representative basis by Consumer Mail Panel, Inc.

Compliance figures were typical for mail-back questionnaires. Of the 250 mailed, 64% returned usable questionnaires and 4% returned questionnaires with contradictory, incomplete or no information. None of the 4% is included in the report. Data were obtained on 242 children, an average of 1.5 per household represented in the study.

Following are some key conclusions from the study:

A majority (60%) of the children have experienced upset stomach.

The major causes from the checklist provided included illness (48%), eating too much food at one time (43%), bacteria/viruses (40%), eating/drinking too quickly (26%), stress/nervousness (26%) and specific foods/beverages (25%).

Unduplicated checklist causes which were illness-related totaled 57%. Unduplicated food-related causes totaled 33%. (Unduplicated percentages are calculated on a headcount basis. A respondent is counted only once regardless of the number of category-related mentions.)

Pepto-Bismol was mentioned by 51% of respondents as a product given to children for relief of upset stomach. Other products accounted for 18% and Tums/Rolaids for 11%.

Nausea is an illness-related symptom (50% unduplicated); gas, a food-related symptom (36% unduplicated).

Pepto-Bismol is the medicine of choice to relieve nausea (42%). For relief of gas, Tums/Rolaids (14%), Pepto-Bismol (12%) and other (11%) are given to children.

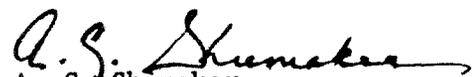
(Note: Brand of medicines given to relieve the various symptoms in some instances equal less than 100%. A frequency count is not provided for respondents who did not mention any brand.)

Respondents were asked to characterize overindulgence by agreeing or disagreeing with a series of causes. Based on the six-point scale means, overindulgence equates to:

- eating too much at one time (5.6)
- drinking too much alcoholic beverages (5.2)
- drinking too much non-alcoholic beverages (4.7)

On the other hand, overindulgence does not refer to:

- eating while stressed or nervous (3.5)
- eating the wrong kind of food (3.5)
- drinking the wrong kind of beverage (3.1)


A. C. Shumaker

PD# 0292-07
OVERINDULGENCE QUESTIONNAIRE

10 MOST CITED COMBINATIONS

KEY:

A = Eating specific foods or beverages (Spicy/Rich/Acidic)
 B = Eating food which disagrees with you,
 or food which you cannot tolerate
 C = Eating too much food at a time
 D = Drinking too much beverage at a time
 E = Eating or drinking too quickly

F = Eating at the wrong time of day
 G = Stress/Nervousness
 H = illness (Colds/Flu, etc.)
 I = Bacteria/Viruses
 J = Fatigue
 K = Other (WRITE IN) _____

FULLNESS/BLOATING	
COMBINATION	NO. OF PANELISTS CITING COMBINATION
CD	31
CDE	19
CE	12
DE	11
HI	10
AB	8
ABCD	5
EF	5
ABC	4
AC	4
TOTAL COMBINATIONS = 83	

GAS	
COMBINATION	NO. OF PANELISTS CITING COMBINATION
AB	30
AC	12
ABC	11
HI	11
ABCE	8
BC	7
AE	6
FG	6
ABCD	5
ABH	5
TOTAL COMBINATIONS = 83	

HEARTBURN	
COMBINATION	NO. OF PANELISTS CITING COMBINATION
AB	36
ABC	22
AC	13
ABG	8
ACE	6
BC	6
ABCD	5
ABCE	5
BE	5
EG	5
TOTAL COMBINATIONS = 90	

INDIGESTION	
COMBINATION	NO. OF PANELISTS CITING COMBINATION
AB	26
ABC	18
AC	15
ABCD	13
CDE	7
ACE	6
AE	6
BE	6
GJ	6
BCD	5
TOTAL COMBINATIONS = 84	

NAUSEA	
COMBINATION	NO. OF PANELISTS CITING COMBINATION
HI	40
GHI	10
ABCD	9
GH	9
GJ	9
HIJ	9
AB	8
BHI	6
GHIJ	6
BC	5
TOTAL COMBINATIONS = 103	

UPSET STOMACH	
COMBINATION	NO. OF PANELISTS CITING COMBINATION
HI	33
ABC	16
ABCD	14
GHI	13
AB	11
ABCE	8
BC	8
GJ	8
AC	6
CD	6
TOTAL COMBINATIONS = 106	

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PC029207 HPTX)

	TOTAL (A)
BASE SIZE	242
DID CHILD EXPERIENCE HEARTBURN	
NO	94
YES	4
NO RESPONSE	2

Values are percents. No significance testing was done.

	(A)
BASE SIZE	242
DID CHILD EXPERIENCE INDIGESTION	
NO RESPONSE	2
NO	89
YES	9

Values are percents. No significance testing was done.

	(A)
BASE SIZE	242
DID CHILD EXPERIENCE UPSET STOMACH	
NO	38
YES	60
NO RESPONSE	1

Values are percents. No significance testing was done.

	(A)
BASE SIZE	242
DID CHILD EXPERIENCE GAS	
NO	64
YES	33
NO RESPONSE	2

Values are percents. No significance testing was done.

	(A)
BASE SIZE	242
DID CHILD EXPERIENCE NAUSEA	
NO	57
YES	42
NO RESPONSE	1

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
DATA=(PC029207 HPTX)

	TOTAL (A)
BASE SIZE	242
DID CHILD EXPERIENCE FULLNESS/BLOATING	
NO	89
YES	9
NO RESPONSE	2

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PC029207 HPTX)

DID CHILD EXPERIENCE HEARTBURN

	NO (A)	YES (B)
BASE SIZE	228	9
ACTUAL AGE OF CHILD		
3 YEARS	5	-
4 YEARS	7	-
5 YEARS	10	-
6 YEARS	11	-
7 YEARS	10	-
8 YEARS	12	-
9 YEARS	8	11
10 YEARS	14	22
11 YEARS	12	33
12 YEARS	9	33
NO RESPONSE	3	-

Values are percents. No significance testing was done.

	(A)	(B)
BASE SIZE	228	9
GENDER OF CHILD		
FEMALE	45	33
MALE	54	56
NO RESPONSE	1	11

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PC029207 HPTX)

DID CHILD EXPERIENCE HEARTBURN

	NO (A)	YES (B)
BASE SIZE	228	9
ACTUAL AGE OF CHILD		
3 YEARS	11	0
4 YEARS	16	0
5 YEARS	22	0
6 YEARS	25	0
7 YEARS	22	0
8 YEARS	27	0
9 YEARS	19	1
10 YEARS	33	2
11 YEARS	27	3
12 YEARS	20	3
NO RESPONSE	6	0

Values are counts. No significance testing was done.

	(A)	(B)
BASE SIZE	228	9
GENDER OF CHILD		
FEMALE	102	3
MALE	123	5
NO RESPONSE	3	1

Values are counts. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PC029207 HPTX)

DID CHILD EXPERIENCE INDIGESTION

	NO (A)	YES (B)
BASE SIZE	216	21
ACTUAL AGE OF CHILD		
3 YEARS	5	-
4 YEARS	7	-
5 YEARS	10	-
6 YEARS	11	10
7 YEARS	9	10
8 YEARS	12	5
9 YEARS	7	19
10 YEARS	14	19
11 YEARS	12	19
12 YEARS	9	14
NO RESPONSE	2	5

Values are percents. No significance testing was done.

	(A)	(B)
BASE SIZE	216	21
GENDER OF CHILD		
FEMALE	47	14
MALE	52	76
NO RESPONSE	1	10

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PC029207 HPTX)

DID CHILD EXPERIENCE INDIGESTION

	NO (A)	YES (B)
BASE SIZE	216	21
ACTUAL AGE OF CHILD		
3 YEARS	11	0
4 YEARS	16	0
5 YEARS	22	0
6 YEARS	23	2
7 YEARS	20	2
8 YEARS	26	1
9 YEARS	16	4
10 YEARS	31	4
11 YEARS	26	4
12 YEARS	20	3
NO RESPONSE	5	1

Values are counts. No significance testing was done.

	(A)	(B)
BASE SIZE	216	21
GENDER OF CHILD		
FEMALE	102	3
MALE	112	16
NO RESPONSE	2	2

Values are counts. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PC029207 HPTX)

DID CHILD EXPERIENCE UPSET STOMACH

	NO (A)	YES (B)
BASE SIZE	93	146
ACTUAL AGE OF CHILD		
3 YEARS	6	3
4 YEARS	12	4
5 YEARS	15	6
6 YEARS	10	11
7 YEARS	6	11
8 YEARS	12	11
9 YEARS	10	8
10 YEARS	11	17
11 YEARS	10	14
12 YEARS	8	12
NO RESPONSE	1	3

Values are percents. No significance testing was done.

	(A)	(B)
BASE SIZE	93	146
GENDER OF CHILD		
FEMALE	43	46
MALE	56	52
NO RESPONSE	1	2

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PC029207 HPTX)

DID CHILD EXPERIENCE UPSET STOMACH

	NO (A)	YES (B)
BASE SIZE	93	146
ACTUAL AGE OF CHILD		
3 YEARS	6	5
4 YEARS	11	6
5 YEARS	14	9
6 YEARS	9	16
7 YEARS	6	16
8 YEARS	11	16
9 YEARS	9	11
10 YEARS	10	25
11 YEARS	9	20
12 YEARS	7	17
NO RESPONSE	1	5

Values are counts. No significance testing was done.

	(A)	(B)
BASE SIZE	93	146
GENDER OF CHILD		
FEMALE	40	67
MALE	52	76
NO RESPONSE	1	3

Values are counts. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PC029207 HPTX)

DID CHILD EXPERIENCE GAS

	NO (A)	YES (B)
BASE SIZE	156	81
ACTUAL AGE OF CHILD		
3 YEARS	6	1
4 YEARS	6	7
5 YEARS	10	7
6 YEARS	10	11
7 YEARS	11	6
8 YEARS	12	11
9 YEARS	10	6
10 YEARS	12	21
11 YEARS	12	15
12 YEARS	10	10
NO RESPONSE	2	4

Values are percents. No significance testing was done.

	(A)	(B)
BASE SIZE	156	81
GENDER OF CHILD		
FEMALE	50	33
MALE	49	63
NO RESPONSE	1	4

Values are percents. No significance testing was done.

STOMACH DISCOMFORT INFO-CHILDREN 3-12
 DATA=(PC029207 HPTX)

DID CHILD EXPERIENCE GAS

	NO (A)	YES (B)
BASE SIZE	156	81
ACTUAL AGE OF CHILD		
3 YEARS	10	1
4 YEARS	10	6
5 YEARS	16	6
6 YEARS	16	9
7 YEARS	17	5
8 YEARS	18	9
9 YEARS	15	5
10 YEARS	18	17
11 YEARS	18	12
12 YEARS	15	8
NO RESPONSE	3	3

Values are counts. No significance testing was done.

	(A)	(B)
BASE SIZE	156	81
GENDER OF CHILD		
FEMALE	78	27
MALE	77	51
NO RESPONSE	1	3

Values are counts. No significance testing was done.