

Nausea, Vomiting, and Belching Disorders Module

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| <p>1. In the last 3 months, how often did you have bothersome nausea?</p> | <p>Ⓐ Never → Ⓑ Less than one day a month Ⓒ One day a month Ⓓ Two to three days a month Ⓔ One day a week Ⓕ More than one day a week Ⓖ Every day</p> | <p><i>Skip to question 3</i></p> |
| <p>2. Did this nausea start more than 6 months ago?</p> | <p>Ⓐ No Ⓑ Yes</p> | |
| <p>3. In the last 3 months, how often did you vomit?</p> | <p>Ⓐ Never → Ⓑ Less than one day a month Ⓒ One day a month Ⓓ Two to three days a month Ⓔ One day a week Ⓕ More than one day a week Ⓖ Every day</p> | <p><i>Skip to question 8</i></p> |
| <p>4. Have you had this vomiting 6 months or longer?</p> | <p>Ⓐ No Ⓑ Yes</p> | |
| <p>5. Did you make yourself vomit?</p> | <p>Ⓐ Never or rarely Ⓑ Sometimes Ⓒ Often Ⓓ Most of the time Ⓔ Always</p> | |
| <p>6. Did you have vomiting in the last year that occurred in separate episodes of a few days and then stopped?</p> | <p>Ⓐ Never or rarely Ⓑ Sometimes Ⓒ Often Ⓓ Most of the time Ⓔ Always</p> | <p><i>Skip to question 8</i></p> |
| <p>7. Did you have at least three episodes during the past year?</p> | <p>Ⓐ No Ⓑ Yes</p> | |
| <p>8. In the last 3 months, how often did food come back up into your mouth?</p> | <p>Ⓐ Never → Ⓑ Less than one day a month Ⓒ One day a month Ⓓ Two to three days a month Ⓔ One day a week Ⓕ More than one day a week Ⓖ Every day</p> | <p><i>Skip to question 12</i></p> |
| <p>9. Have you had this problem (food coming back up into your mouth) 6 months or longer?</p> | <p>Ⓐ No Ⓑ Yes</p> | |
| <p>10. When food came back up into your mouth, did it usually stay in your mouth for a while before you swallowed it or spit it out?</p> | <p>Ⓐ Never or rarely Ⓑ Sometimes Ⓒ Often Ⓓ Most of the time Ⓔ Always</p> | |

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| 11. Did you have retching (heaving) before food came into your mouth? | <input type="radio"/> Never or rarely <input type="radio"/> Sometimes <input type="radio"/> Often <input type="radio"/> Most of the time <input type="radio"/> Always | |
| 12. In the last 3 months, how often did you experience bothersome belching? | <input type="radio"/> Never → <input type="radio"/> Less than one day a month <input type="radio"/> One day a month <input type="radio"/> Two to three days a month <input type="radio"/> One day a week <input type="radio"/> More than one day a week <input type="radio"/> Every day | <i>Skip remaining question</i> |
| 13. Did this bothersome belching start more than 6 months ago? | <input type="radio"/> No <input type="radio"/> Yes | |

B2a: Aerophagia

Diagnostic criteria*

Must include all of the following:

1. Troublesome repetitive belching at least several times a week
Bothersome belching more than 1 day a week (question 12>4)
2. Air swallowing that is objectively observed or measured

* Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis

Yes. (question 13=1)

B3a: Chronic Idiopathic Nausea (CIN)

Diagnostic criteria*

Must include all of the following:

1. Bothersome nausea, occurring at least several times per week
Nausea more than once a week (question 1>4)
2. Not usually associated with vomiting
Vomiting less than one day a week (question 3<4)
3. Absence of abnormalities at upper endoscopy or metabolic disease that explains the nausea
No question.

* Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis

Yes. (question 2=1)

B3b: Functional vomiting

Diagnostic criteria*

Must include all of the following:

1. On average one or more episodes of vomiting per week
Vomiting occurs at least once a week (question 3>3)

2. Absence of criteria for an eating disorder, rumination, or major psychiatric disease according by DSM-IV
Patient does not meet criteria for Rumination Disorder (RUMINATE=0)
No questions for eating disorder or major psychiatric disease.
3. Absence of self-induced induced vomiting and chronic cannabinoid use and absence of abnormalities in the central nervous system or metabolic diseases to explain the recurrent vomiting
Never or rarely make yourself vomit (question 5=0)

* Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis
Yes. (question 4=1)

B3c: Cyclic Vomiting Syndrome (CVS)

Diagnostic criteria*

Must include all of the following:

1. Stereotypical episodes of vomiting regarding onset (acute) and duration (less than one week)
Vomiting occurs more often than 'never or rarely' (question 3>0)
(other criteria implied by criteria 2 & 3)
2. Three or more discrete episodes in the prior year
At least 3 episodes during the year. Yes. (question 7=1)
3. Absence of nausea and vomiting between episodes
Occurred in separate episodes and then stopped more often than 'never or rarely' (question 6>0)

* Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis
Yes. (question 4=1)

B4: Rumination Syndrome in Adults

Diagnostic criteria*

Must include all of the following:

1. Persistent or recurrent regurgitation of recently ingested food into the mouth with subsequent spitting or remastication and swallowing
Bring up food at least 1 day/week (question 8>3)
Hold food in mouth before spitting or swallowing often (question 10>1)
2. Regurgitation is not preceded by retching
Was bringing up food preceded by retching? No. (question 11=0)

* Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis
Yes. (question 9=1)