

**Online Supplementary Material**

Lisman-van Leeuwen Y, Spee LAA, Benninga MA, Bierma-Zeinstra SMA, Berger MY. Prognosis of abdominal pain in children in primary care—a prospective cohort study. *Ann Fam Med.* 2013;11(3):238-244.

<http://www.annfammed.org/content/11/3/238>

**Supplemental Appendix I. Assessment of the Pediatric Rome III Criteria (PRC-III) Adapted With Time Criterion as Proposed by von Baeyer**

<b>PRC-III</b>	<b>Assessment of the PRC-III, using validated questionnaires</b>		
<p>Abdominal pain at least 1 time a month during at least 3 consecutive months and no evidence of an inflammatory, anatomic, metabolic, or neoplastic process that explains the subject's symptoms.</p>			
<p><b>Functional Dyspepsia</b>            Must include <i>all</i> of the following:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <ol style="list-style-type: none"> <li>1. Persistent or recurrent pain or discomfort centered in the upper abdomen (above the umbilicus)</li> <li>2. Not relieved by defecation, or associated with the onset of a change in stool frequency or stool form (ie, not IBS)</li> </ol> </td> <td style="width: 50%; border: none; vertical-align: top;"> <ol style="list-style-type: none"> <li>1. Where is pain localized most of the time?</li> <li>2.               <ol style="list-style-type: none"> <li>a. Is the pain relieved by defecation?</li> <li>b. Was the onset of pain associated with change in stool frequency?</li> <li>c. Was the onset of pain associated with a change in stool form?</li> </ol> </li> </ol> </td> </tr> </table>		<ol style="list-style-type: none"> <li>1. Persistent or recurrent pain or discomfort centered in the upper abdomen (above the umbilicus)</li> <li>2. Not relieved by defecation, or associated with the onset of a change in stool frequency or stool form (ie, not IBS)</li> </ol>	<ol style="list-style-type: none"> <li>1. Where is pain localized most of the time?</li> <li>2.               <ol style="list-style-type: none"> <li>a. Is the pain relieved by defecation?</li> <li>b. Was the onset of pain associated with change in stool frequency?</li> <li>c. Was the onset of pain associated with a change in stool form?</li> </ol> </li> </ol>
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<p><b>Irritable Bowel Syndrome</b>            Must include <i>all</i> of the following:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <ol style="list-style-type: none"> <li>1. Abdominal discomfort or pain associated with 2 or more of the following at least 25% of the time:               <ol style="list-style-type: none"> <li>a. Improved with defecation</li> <li>b. Onset associated with a change in frequency of stool</li> <li>c. Onset associated with a change in form (appearance) of stool</li> </ol> </li> </ol> </td> <td style="width: 50%; border: none; vertical-align: top;"> <ol style="list-style-type: none"> <li>1.               <ol style="list-style-type: none"> <li>a. Is the pain relieved by defecation?</li> <li>b. Was the onset of pain associated with a change in stool frequency?</li> <li>c. Was the onset of pain associated with a change in stool form?</li> </ol> </li> </ol> </td> </tr> </table>		<ol style="list-style-type: none"> <li>1. Abdominal discomfort or pain associated with 2 or more of the following at least 25% of the time:               <ol style="list-style-type: none"> <li>a. Improved with defecation</li> <li>b. Onset associated with a change in frequency of stool</li> <li>c. Onset associated with a change in form (appearance) of stool</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1.               <ol style="list-style-type: none"> <li>a. Is the pain relieved by defecation?</li> <li>b. Was the onset of pain associated with a change in stool frequency?</li> <li>c. Was the onset of pain associated with a change in stool form?</li> </ol> </li> </ol>
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<p><b>Functional Abdominal Pain</b>            Must include <i>all</i> of the following:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <ol style="list-style-type: none"> <li>1. Episodic or continuous abdominal pain</li> <li>2. Insufficient criteria for other FGIDs</li> </ol> </td> <td style="width: 50%; border: none; vertical-align: top;"> <ol style="list-style-type: none"> <li>1. Fulfilling the time criterion by Von Baeyer</li> <li>2. Not fulfilling criteria for functional dyspepsia or IBS</li> </ol> </td> </tr> </table>		<ol style="list-style-type: none"> <li>1. Episodic or continuous abdominal pain</li> <li>2. Insufficient criteria for other FGIDs</li> </ol>	<ol style="list-style-type: none"> <li>1. Fulfilling the time criterion by Von Baeyer</li> <li>2. Not fulfilling criteria for functional dyspepsia or IBS</li> </ol>
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<p>FGID = functional gastrointestinal disorder; IBS = irritable bowel syndrome.</p>			