

ID: _____

Date: _____

The following questions ask about your gastrointestinal (gut, GI) symptoms and how they affected your life over the last 7 days. Answer every question by selecting the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

In the past 1 week, how often did you ...		(CHECK ONE RESPONSE FOR EACH QUESTION)				1/8= 0.125 2/8= 0.25 3/8= 0.35 4/8= 0.5 5/8= 0.625 6/8= 0.75 7/8= 0.875 8/8= 1.0 9/8= 1.125 10/8= 1.25 11/8= 1.375 12/8= 1.5 13/8= 1.625 14/8= 1.75 15/8= 1.875 16/8= 2.0 17/8= 2.125 18/8= 2.25 19/8= 2.375 20/8= 2.5 21/8= 2.625 22/8= 2.75 23/8= 2.875 24/8= 3.0
		No Days ⁰	1-2 Days ¹	3-4 Days ²	5-7 Days ³	
REFLUX	1. ... have difficulty swallowing solid food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCORE R=
	2. ... have an unpleasant stinging or burning sensation in your chest (heartburn)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	3. ... have a sensation of bitter or sour fluid coming up from your stomach into your mouth (acid reflux)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	4. ... have heartburn on eating 'acidic' foods such as Tomatoes & Oranges?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	5. ... regurgitate (throw up or bring up small amounts of previously eaten food)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	6. ... sleep in a 'raised' or an 'L shaped' position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	7. ... feel like vomiting or throwing up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	8. ... vomit or throw up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DISTENSION	9. ... feel bloated (a sensation of gas or air in the stomach)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2/4= 0.5 3/4= 0.75 4/4= 1.0 5/4= 1.25 6/4= 1.5 7/4= 1.75 8/4= 2.0 9/4= 2.25 10/4= 2.5 11/4= 2.75 12/4= 3.0 SCORE D/B=
	10. ... notice an increase in your belly, sometimes requiring you to open your belt, pants or shirt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	11. ... feel full after eating a small meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	12. ... pass excessive gas or flatulence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SOILAGE	13. ... did you accidentally soil (dirty) your underwear before being able to get to a bathroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/1= 1.0 2/1= 2.0 3/1= 3.0 SCORE S=
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DIARRHEA	In the <u>past 1 week</u> , how often did you ...	(CHECK ONE RESPONSE FOR EACH QUESTION)				
		No Days ⁰	1-2 Days ¹	3-4 Days ²	5-7 Days ³	
	14. ... have loose stools (diarrhea)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	In the <u>past 1 week</u> , have you noticed your stools becoming...	(CHECK ONE RESPONSE FOR EACH QUESTION)				1/2= 0.5 2/2= 1.0 3/2= 1.5 4/2= 2.0
	Yes ¹		No ⁰		SCORE D=	
15. ... watery?	<input type="checkbox"/>	<input type="checkbox"/>				

SOCIAL FUNCTION	In the <u>past 1 week</u> , how often did the following interfere with social activities (such as visiting friends or relatives)?	(CHECK ONE RESPONSE FOR EACH QUESTION)				
		No Days ⁰	1-2 Days ¹	3-4 Days ²	5-7 Days ³	
	16. ... Nausea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/6= 0.16 2/6= 0.33 3/6= 0.5 4/6= 0.66 5/6= 0.83 6/6= 1.0 7/6= 1.16 8/6= 1.16 9/6= 1.5 10/6= 1.66 11/6= 1.83 12/6= 2.0 13/6= 2.16 14/6= 2.33 15/6= 2.5 16/6= 2.66 17/6= 2.83 18/6= 3.0
	17. ... Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	18. ... Stomach ache or pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	19. ... Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCORE SF=
	20. ... Worry you would accidentally soil your underwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. ... Bloating sensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

In the past 1 week, how often did you ...		(CHECK ONE RESPONSE FOR EACH QUESTION)				1/9= 0.11 2/9= 0.22 3/9= 0.33 4/9= 0.44 5/9= 0.55 6/9= 0.66 7/9= 0.77 8/9= 0.88 9/9= 1.0 10/9= 1.11 11/9= 1.22 12/9= 1.33 13/9= 1.44 14/9= 1.55 15/9= 1.66 16/9= 1.77 17/9= 1.88 18/9= 2.00 19/9= 2.11 20/9= 2.22 21/9= 2.33 22/9= 2.44 23/9= 2.55 24/9= 2.66 25/9= 2.77 26/9= 2.88 27/9= 3.0 SCORE EM=
		No Days ⁰	1-2 Days ¹	3-4 Days ²	5-7 Days ³	
EMOTIONAL WELL-BEING	22. ... feel worried or anxious about your bowel problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	23. ... feel embarrassed because of your bowel symptoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	24. ... have problems with sexual relations because of your bowel symptoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	25. ... fear bit finding a bathroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	26. ... feel depressed or discouraged due to your bowel symptoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	27. ... avoid or delay traveling because of your bowel symptoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	28. ... feel angry or frustrated as a result of your bowel symptoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	29. ... have problems with your sleep as a result of your bowel symptoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	30. ... feel 'stress' or an upset mood worsens your bowel symptoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CONSTIPATION	In the past 1 week, have you noticed your stools becoming...		(CHECK ONE RESPONSE FOR EACH QUESTION)				
			Yes ¹		No ⁰		
	31.	... harder?	<input type="checkbox"/>	<input type="checkbox"/>			
	In the past 1 week, how often ...		(CHECK ONE RESPONSE FOR EACH QUESTION)				1/4= 0.25 2/4= 0.50 3/4= 0.75 4/4= 1.0 5/4= 1.25 6/4= 1.50 7/4= 1.75 8/4= 2.0 9/4= 2.25 10/4= 2.5 SCORE C=
			No Days ⁰	1-2 Days ¹	3-4 Days ²	5-7 Days ³	
32.	... were you constipated or unable to empty your bowels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
33.	... did you have hard stools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
34.	... did you have pain while passing your stools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Thank you for completing the questionnaire

To be completed by the physician

TOTAL SCORE=	Reflux	_____
	+ Distention /Bloating	_____
	+ Fecal Soilage	_____
	+ Diarrhea	_____
	+ Social functioning	_____
	+ Emotional well-being	_____
TOTAL SCORE=	(_____) /6=	_____

REMEMBER: CONSITPATION SCORE IS NOT INCLUDED IN CALCULATION OF TOTAL SCORE

C=Constipation; D=Diarrhea; D/B=Distention/Bloating; EM=Emotional well-being; R=Reflux; SF=Social functioning; S=Fecal soilage