


Rome III
Psychosocial Alarm
Questionnaire for
the Functional GI
Disorders

Instructions

The following questions are screening questions within a clinical context and are not designed for survey purposes. They help identify psychosocial problems commonly faced by patients with FGIDs. For each question there are two possible recommendations:

- a. There is a problem (**boldfaced items**) that the physician should acknowledge, discuss with the patient, and agree to an appropriate action, which might include referral to a mental health specialist and/or initiation of pharmacotherapy.
- b. A “more serious” situation, (marked with ) that the physician is advised to either address personally, or consider referring to a mental health professional (psychiatrist, psychologist or other) simultaneous with or prior to treatment of the FGID. These are referred to as “*red flag*” situations to stress their importance.



Note: Further research is needed to determine accurately the most appropriate action according to the nature and severity of psychosocial problems.

This questionnaire was produced by the Psychosocial Aspects of Functional GI Disorders subcommittee for Rome III: Francis Creed, MD (Chair), Rona Levy, PhD (Co-Chair), Lawrence Bradley, PhD, Douglas A. Drossman, MD, Carlos Francisconi MD, Bruce D. Naliboff, PhD, and Kevin W. Olden, MD.


ROME III PSYCHOSOCIAL ALARM QUESTIONNAIRE

Question	Answer	Scoring
<p>1. Question for anxiety:</p> <p>In the last week have you felt tense or “wound up?”</p>	<ul style="list-style-type: none"> <input type="radio"/> Most of the time <input type="radio"/> A lot of the time <input type="radio"/> <i>Occasionally</i> <input type="radio"/> <i>Not at all</i> 	<p>Most of the time or a lot of the time indicates a problem (probable anxiety disorder).</p> <p>Rationale for Scoring</p> <p>This question is taken from the Hospital Anxiety and Depression Scale (HADS). The answers “Most of the time” or “A lot of the time” identify the majority of depressive or anxiety disorders in this population.</p> <p>These patients had a mean HADS anxiety score of 13.3 (sd=3.6) compared with 6.0 (sd=2.5) for those who scored “Occasionally” or “Not at all” [1, 2].</p> <p> Red flag. Patients answering “Most of the time” represent 24% of patients with functional gastrointestinal disorders and their HADS anxiety score was 15.7 (sd=3.2) (range: 10–21) [1, 2].</p> <p>(Note: A HADS anxiety score of 10 or more indicates a probable case of anxiety, so this level of anxiety merits referral to behavioral management for these patients prior to treatment of the FGID.)</p>


ROME III PSYCHOSOCIAL ALARM QUESTIONNAIRE

Question	Answer	Scoring
<p>2. Question for depression:</p> <p>In the last week have you felt downhearted and low?</p>	<ul style="list-style-type: none"> <input type="radio"/> Most of the time  <input type="radio"/> A good bit of the time <input type="radio"/> <i>Some of the time</i> <input type="radio"/> <i>Not at all</i> 	<p>Most of the time and A good bit of the time indicate a problem (probable depressive disorder).</p> <p>Rationale for Scoring</p> <p>This question is taken from the Short Form-36 (SF-36, question 9f). The answers “Most of the time” and “A good bit of the time” identify FGID patients, whose mean HADS depression score was 9.0 (sd=3.0) compared to 5.0 (sd=3.6) for the remainder [1, 2].</p> <p> Red flag. Patients answering to this question “Most of the time”: represent 12.8% of patients with FGID and their mean HADS depression score was 9.4 (sd=2.6) [1, 2]. In addition, nearly all the patients who scored “Most of the time” to this question also scored “Most of the time” to the anxiety question. So, by using both the anxiety and depression questions, our red flag criterion includes the top 15% of the most anxious/depressed patients with FGID.</p>

ROME III PSYCHOSOCIAL ALARM QUESTIONNAIRE

Question	Answer	Scoring
<p>3. Question for suicidal ideas:</p> <p>Have you recently felt so low that you felt like hurting or killing yourself?</p>	<p> <input type="radio"/> <i>Often</i>  <input type="radio"/> <i>Occasionally</i> <input type="radio"/> <i>Not at all</i> </p>	<p><i>Often</i> or <i>Occasionally</i> indicates a problem and the physician should ask the patient to describe more fully their current feelings and any specific plans.</p> <p>Rationale for Scoring</p> <p>This question has not been tested empirically but has clinical face validity. The physician should not be frightened of asking more questions of patients who answer “Often” or “Occasionally.” All the evidence suggests that better prevention of suicide starts with doctor’s preparedness to ask such questions.</p>
<p>4. Question for pain severity:</p> <p>During the last <i>four</i> weeks how much bodily pain have you had?</p>	<p> <input type="radio"/> <i>Very severe</i> <input type="radio"/> <i>Severe</i> <input type="radio"/> <i>Moderate</i> <input type="radio"/> <i>Mild</i> <input type="radio"/> <i>None</i> </p>	<p><i>Very severe</i> or <i>Severe</i> indicate a problem.</p> <p>Rationale for Scoring</p> <p>Patients answering “Severe” or “Very severe” to this question (question 7 of SF-36) represent 24% of patients with functional gastrointestinal disorders and their mean SF summary physical component score was 30.1 (sd=8.5) [1, 2], which is 2 standard deviations below the population norm.</p>

ROME III PSYCHOSOCIAL ALARM QUESTIONNAIRE

Question	Answer	Scoring
<p>5. Question for impairment:</p> <p>During the last four weeks how much did pain (or other symptoms) interfere with your normal activities (including work both outside the home and housework)?</p>	<ul style="list-style-type: none"> <input type="radio"/> <i>Extremely</i> <input type="radio"/> <i>Quite a bit</i> <input type="radio"/> <i>Moderately</i> <input type="radio"/> <i>A little bit</i> <input type="radio"/> <i>Not at all</i> 	<p><i>Extremely</i> or <i>Quite a bit</i> indicate a problem.</p> <p>Rationale for Scoring</p> <p>Patients answering “<i>Quite a bit</i>” or “<i>Extremely</i>” to this question (question 8 of SF-36) represent 26% of patients with functional gastrointestinal disorders and their mean SF summary physical component score is 28.9 (sd=8.2) [1, 2], which is 2 standard deviations below the population norm.</p>
<p>6. Question for impaired coping:</p> <p>When I have pain (or other symptoms) I say to myself “it is terrible and I feel it will never get better.”</p>	<ul style="list-style-type: none"> <input type="radio"/> <i>Always</i>  <input type="radio"/> <i>Sometimes</i> <input type="radio"/> <i>Never</i> 	<p><i>Always</i> or <i>Sometimes</i> indicate a problem.</p> <p>Rationale for Scoring</p> <p>This question is the one-item form of the Coping Strategies Questionnaire. It has been used in a study of chronic pain [3] but has yet to be validated in patients with FGID.</p>

ROME III PSYCHOSOCIAL ALARM QUESTIONNAIRE

Question	Answer	Scoring
<p>7. Question for abuse:</p> <p>It is quite common for people to have been emotionally, physically, or sexually victimized at some time in their life and this can affect how people manage with their medical condition. Has this ever happened to you?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> Never</p>	<p><i>If the response is Yes, then the physician should ask:</i></p> <p style="padding-left: 40px;">“Is this causing you distress in your life”, and</p> <p style="padding-left: 40px;">“Would you like to see someone discuss this in more detail?”</p> <p><i>If the patient agrees that he/she is very distressed and would like to see someone, then this should be a “red flag” situation (i.e., the physician should consider early referral to a mental health professional, provided the patient agrees).</i></p> <p style="padding-left: 40px;">This comes from a published literature review and recommendations [4].</p>

References

1. Biggs AM, Aziz Q, Tomenson B, Creed F. Effect of childhood adversity on health related quality of life in patients with upper abdominal or chest pain. *Gut* 2004; 53: 180–186.
2. Fiddler M, Jackson J, Kapur N, Wells A, Creed F. Childhood adversity and frequent medical consultations. *General Hospital Psychiatry* 2004; 26:367–377.
3. Jensen MP, Keefe FJ, Lefebvre JC, Romano JM, Turner JA. One- and two-item measures of pain beliefs and coping strategies. *Pain* 2003; 104: 453–469.
4. Drossman DA, Talley NJ, Olden KW, Leserman J, Barreiro MA. Sexual and physical abuse and gastrointestinal illness: Review and recommendations. *Ann Intern Med.* 1995; 123:782–94.

