

Rome III Diagnostic
Questionnaire for
the Adult Functional
GI Disorders
(including Alarm
Questions) and
Scoring Algorithm

Preamble

This questionnaire was developed by the Rome Foundation Board based on the Rome III criteria for the functional gastrointestinal disorders (FGIDs) and in cooperation with the Rome III criteria committees. It builds on the Rome I and II questionnaires and captures the Rome III diagnostic criteria for all of the functional gut disorders. The Rome III innovations include alarm symptoms to help alert physicians to possible structural disorders that might require further investigation, a psychosocial module to help identify psychosocial difficulties that might require mental health referral (see Appendix D), and 5- to 7-point alphanumeric scales to measure frequency and/or severity. Note also that there are separate questionnaires for adolescents and the parents of children and toddlers.

This questionnaire is designed for clinical practice and research. It should help identify individuals who have one or more of the FGIDs. The instrument is a guide only, and cannot substitute for the clinical judgments necessary to arrive at a correct diagnosis and select evidence-based investigations and treatments.

The questionnaire is followed by a coding system that identifies provisional (or possible) diagnoses from the responses to the questions. The presence of an “alarm” symptom does not negate a diagnosis of an FGID, but it may indicate further inquiry or testing to rule out structural disease. Similarly, an indication of psychosocial difficulties will not alter the diagnosis, but should prompt more information and appropriate treatment. Thus, a clinical diagnosis will depend on the clinician’s application of these criteria and the judicious exclusion of other diseases (e.g., with other studies as needed).

This is not an all-purpose questionnaire. It does not address structural disorders or FGIDs requiring physical findings or laboratory abnormalities in addition to symptoms (e.g., biliary disorders and functional defecation disorder); the questionnaire alone is insufficient for diagnosis.

The use of exclusion items (e.g., to exclude a diagnosis of functional constipation when irritable bowel syndrome criteria are fulfilled) will depend upon the purpose of the investigation. For clinical purposes, the questions should detect all possible diagnoses, while for a clinical trial a “pure” sample of individuals with a certain diagnosis may be preferred.

Many clinical scientists may prefer to study only one or a few of the disorders. To serve such a purpose, the questionnaire may be subdivided into question and coding modules for each of the esophageal, gastroduodenal, gallbladder/sphincter of Oddi, bowel, chronic abdominal pain, and anorectal disorders. The questionnaire and the coding for individual diagnoses are available at our website, www.RomeCriteria.org and may be downloaded as required.

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Questionnaire Subcommittee

Information for Clinician/Investigator

This self-report questionnaire is designed to identify FGIDs using the Rome III criteria. It can be self-administered and takes about 15 to 20 minutes to complete. Response formats for questions include yes/no responses, a 5-point ordinal response scale for conditional questions (never or rarely to always), a 7-point ordinal response scale for frequency questions (never to every day), and a few other response scales specific to an item not fitting these (e.g., questions #76, 77, & 79). A series of “red flag” or alarm symptom questions are included at the end of the questionnaire (questions #82–93). While not part of the diagnostic algorithm, they are helpful in determining whether other diagnostic studies are needed to exclude other disease. Please see the scoring algorithm for information on specific diagnoses.

This questionnaire (with its algorithms) is intended for research and may be employed as an aid to diagnosis. However, it is not meant as an instrument for self-diagnosis nor does it obviate the need for medical evaluation including history and physical examination of individual patients.

Instructions for Respondent

The purpose of this survey is to learn more about the health problems that people sometimes have with their stomach and intestines. The questionnaire will take about 15 minutes to complete. To answer each question, fill in the circle directly to the left of the correct answer. You may find that you have not had any of the symptoms that we will ask you about. When this happens, you will be instructed to skip over the questions that do not apply to you. If you are not sure about an answer, or you cannot remember the answer to a question, just answer as best you can. It is easy to miss questions, so please check that you haven't left any out as you go.

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ROME III ADULT QUESTIONNAIRE

Question	Answer
Symptoms in the Esophagus	
1. In the last 3 months, how often did you have a feeling of a lump, fullness, or something stuck in your throat?	<input checked="" type="radio"/> Never → <i>Skip to question 4</i> <input type="radio"/> ① Less than one day a month <input type="radio"/> ② One day a month <input type="radio"/> ③ Two to three days a month <input type="radio"/> ④ One day a week <input type="radio"/> ⑤ More than one day a week <input type="radio"/> ⑥ Every day
2. Have you had this feeling 6 months or longer?	<input type="radio"/> ① No <input type="radio"/> ② Yes
3. Does this feeling occur between meals (when you are not eating)?	<input type="radio"/> ① No <input type="radio"/> ② Yes
4. When you are eating or drinking, does it hurt to swallow?	<input type="radio"/> ① Never or rarely <input type="radio"/> ② Sometimes <input type="radio"/> ③ Often <input type="radio"/> ④ Most of the time <input type="radio"/> ⑤ Always
5. In the last 3 months, how often did you have pain or discomfort in the middle of your chest (not related to heart problems)?	<input checked="" type="radio"/> Never → <i>Skip to question 8</i> <input type="radio"/> ① Less than one day a month <input type="radio"/> ② One day a month <input type="radio"/> ③ Two to three days a month <input type="radio"/> ④ One day a week <input type="radio"/> ⑤ More than one day a week <input type="radio"/> ⑥ Every day
6. Have you had this chest pain 6 months or longer?	<input type="radio"/> ① No <input type="radio"/> ② Yes
7. When you had your chest pain, how often did it feel like burning?	<input type="radio"/> ① Never or rarely <input type="radio"/> ② Sometimes <input type="radio"/> ③ Often <input type="radio"/> ④ Most of the time <input type="radio"/> ⑤ Always

ROME III ADULT QUESTIONNAIRE

Question	Answer
8. In the last 3 months, how often did you have heartburn (a burning discomfort or burning pain in your chest)?	<p>Ⓐ Never → <i>Skip to question 10</i></p> <p>Ⓑ Less than one day a month</p> <p>Ⓒ One day a month</p> <p>Ⓓ Two to three days a month</p> <p>Ⓔ One day a week</p> <p>Ⓕ More than one day a week</p> <p>Ⓖ Every day</p>
9. Have you had this heartburn (burning pain or discomfort in the chest) 6 months or longer?	<p>Ⓐ No</p> <p>Ⓑ Yes</p>
10. In the last 3 months, how often did food or drinks get stuck after swallowing or go down slowly through your chest?	<p>Ⓐ Never → <i>Skip to question 13</i></p> <p>Ⓑ Less than one day a month</p> <p>Ⓒ One day a month</p> <p>Ⓓ Two to three days a month</p> <p>Ⓔ One day a week</p> <p>Ⓕ More than one day a week</p> <p>Ⓖ Every day</p>
11. Was the symptom of food sticking associated with heartburn?	<p>Ⓐ Never or rarely</p> <p>Ⓑ Sometimes</p> <p>Ⓒ Often</p> <p>Ⓓ Most of the time</p> <p>Ⓔ Always</p>
12. Have you had this problem 6 months or longer?	<p>Ⓐ No</p> <p>Ⓑ Yes</p>
13. In the last 3 months, how often did you feel uncomfortably full after a regular-sized meal?	<p>Ⓐ Never → <i>Skip to question 15</i></p> <p>Ⓑ Less than one day a month</p> <p>Ⓒ One day a month</p> <p>Ⓓ Two to three days a month</p> <p>Ⓔ One day a week</p> <p>Ⓕ More than one day a week</p> <p>Ⓖ Every day</p>

ROME III ADULT QUESTIONNAIRE

Question	Answer
Symptoms in the Esophagus (continued)	
14. Have you had this uncomfortable fullness after meals 6 months or longer?	<input type="radio"/> No <input type="radio"/> Yes
15. In the last 3 months, how often were you unable to finish a regular-sized meal?	<input type="radio"/> Never → <i>Skip to question 17</i> <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
16. Have you had this inability to finish regular-sized meals 6 months or longer?	<input type="radio"/> No <input type="radio"/> Yes
Symptoms in the Stomach and Intestines	
17. In the last 3 months, how often did you have pain or burning in the middle of your abdomen, above your belly button but not in your chest?	<input type="radio"/> Never → <i>Skip to question 26</i> <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
18. Have you had this pain or burning 6 months or longer?	<input type="radio"/> No <input type="radio"/> Yes
19. Did this pain or burning occur and then completely disappear during the same day?	<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

ROME III ADULT QUESTIONNAIRE

Question	Answer
20. Usually, how severe was the pain or burning in the middle of your abdomen, above your belly button?	① Very mild ② Mild ③ Moderate ④ Severe ⑤ Very severe
21. Was this pain or burning affected by eating?	① Not affected by eating ② Worse pain after eating ③ Less pain after eating
22. Was this pain or burning relieved by taking antacids?	① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always
23. Did this pain or burning usually get better or stop after a bowel movement or passing gas?	① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always
24. When this pain or burning started, did you usually have a change in the number of bowel movements (either more or fewer)?	① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always
25. When this pain or burning started, did you usually have softer or harder stools?	① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always

ROME III ADULT QUESTIONNAIRE

Question	Answer
Symptoms in the Stomach and Intestines (continued)	
26. In the last 3 months, how often did you have bothersome nausea?	<input checked="" type="radio"/> ① Never → <i>Skip to question 28</i> <input type="radio"/> ② Less than one day a month <input type="radio"/> ③ One day a month <input type="radio"/> ④ Two to three days a month <input type="radio"/> ⑤ One day a week <input type="radio"/> ⑥ More than one day a week <input type="radio"/> ⑦ Every day
27. Did this nausea start more than 6 months ago?	<input type="radio"/> ① No <input type="radio"/> ② Yes
28. In the last 3 months, how often did you vomit?	<input checked="" type="radio"/> ① Never → <i>Skip to question 33</i> <input type="radio"/> ② Less than one day a month <input type="radio"/> ③ One day a month <input type="radio"/> ④ Two to three days a month <input type="radio"/> ⑤ One day a week <input type="radio"/> ⑥ More than one day a week <input type="radio"/> ⑦ Every day
29. Have you had this vomiting 6 months or longer?	<input type="radio"/> ① No <input type="radio"/> ② Yes
30. Did you make yourself vomit?	<input type="radio"/> ① Never or rarely <input type="radio"/> ② Sometimes <input type="radio"/> ③ Often <input type="radio"/> ④ Most of the time <input type="radio"/> ⑤ Always
31. Did you have vomiting in the last year that occurred in separate episodes of a few days and then stopped?	<input checked="" type="radio"/> ① Never or rarely → <i>Skip to question 33</i> <input type="radio"/> ② Sometimes <input type="radio"/> ③ Often <input type="radio"/> ④ Most of the time <input type="radio"/> ⑤ Always

ROME III ADULT QUESTIONNAIRE

Question	Answer
32. Did you have at least three episodes during the past year?	<input type="radio"/> No <input type="radio"/> Yes
33. In the last 3 months, how often did food come back up into your mouth?	<input type="radio"/> Never → <i>Skip to question 39</i> <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
34. Have you had this problem (food coming back up into your mouth) 6 months or longer?	<input type="radio"/> No <input type="radio"/> Yes
35. 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?	<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
36. 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
37. When food came into your mouth, how often did you vomit or feel sick to your stomach?	<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

ROME III ADULT QUESTIONNAIRE

Question	Answer
Symptoms in the Stomach and Intestines (continued)	
38. Did food stop coming back up into your mouth when it turned sour or acidic?	① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always
39. In the last 3 months, how often did you experience bothersome belching?	① Never → <i>Skip to question 41</i> ② Less than one day a month ③ One day a month ④ Two to three days a month ⑤ One day a week ⑥ More than one day a week ⑦ Every day
40. Did this bothersome belching start more than 6 months ago?	① No ② Yes
41. In the last 3 months, how often did you have discomfort or pain anywhere in your abdomen?	① Never → <i>Skip to question 52</i> ② Less than one day a month ③ One day a month ④ Two to three days a month ⑤ One day a week ⑥ More than one day a week ⑦ Every day
42. Did you have pain only (not discomfort or a mixture of discomfort and pain)?	① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always

ROME III ADULT QUESTIONNAIRE

Question	Answer
<p>43. For women: Did this discomfort or pain occur only during your menstrual bleeding and not at other times?</p>	<p>Ⓐ No Ⓑ Yes Ⓒ Does not apply because I have had the change in life (menopause) or I am a male</p>
<p>44. When you had this pain, how often did it limit or restrict your daily activities (for example, work, household activities, and social events)?</p>	<p>Ⓐ Never or rarely Ⓑ Sometimes Ⓒ Often Ⓓ Most of the time Ⓔ Always</p>
<p>45. Have you had this discomfort or pain 6 months or longer?</p>	<p>Ⓐ No Ⓑ Yes</p>
<p>46. How often did this discomfort or pain get better or stop after you had a bowel movement?</p>	<p>Ⓐ Never or rarely Ⓑ Sometimes Ⓒ Often Ⓓ Most of the time Ⓔ Always</p>
<p>47. When this discomfort or pain started, did you have more frequent bowel movements?</p>	<p>Ⓐ Never or rarely Ⓑ Sometimes Ⓒ Often Ⓓ Most of the time Ⓔ Always</p>
<p>48. When this discomfort or pain started, did you have less frequent bowel movements?</p>	<p>Ⓐ Never or rarely Ⓑ Sometimes Ⓒ Often Ⓓ Most of the time Ⓔ Always</p>

ROME III ADULT QUESTIONNAIRE

Question	Answer
Symptoms in the Stomach and Intestines (continued)	
49. When this discomfort or pain started, were your stools (bowel movements) looser?	① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always
50. When this discomfort or pain started, how often did you have harder stools?	① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always
51. How often was this pain or discomfort relieved by moving or changing positions?	① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always
52. In the last 3 months, how often did you have fewer than three bowel movements (0–2) a week?	① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always
53. In the last 3 months, how often did you have hard or lumpy stools?*	① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always

* Those who wish to use the new criteria for subclassifying IBS patients into subtypes based on stool consistency may substitute the following response scale in Questions 53 and 61:

- ① Never or rarely
- ② About 25% of the time
- ③ About 50% of the time
- ④ About 75% of the time
- ⑤ Always, 100% of the time

ROME III ADULT QUESTIONNAIRE

Question	Answer
54. In the last 3 months, how often did you strain during bowel movements?	<p>Ⓐ Never or rarely Ⓑ Sometimes Ⓒ Often Ⓓ Most of the time Ⓔ Always</p>
55. In the last 3 months, how often did you have a feeling of incomplete emptying after bowel movements?	<p>Ⓐ Never or rarely Ⓑ Sometimes Ⓒ Often Ⓓ Most of the time Ⓔ Always</p>
56. In the last 3 months, how often did you have a sensation that the stool could not be passed, (i.e., was blocked), when having a bowel movement?	<p>Ⓐ Never or rarely Ⓑ Sometimes Ⓒ Often Ⓓ Most of the time Ⓔ Always</p>
57. In the last 3 months, how often did you press on or around your bottom or remove stool in order to complete a bowel movement?	<p>Ⓐ Never or rarely Ⓑ Sometimes Ⓒ Often Ⓓ Most of the time Ⓔ Always</p>
58. In the last 3 months, how often did you have difficulty relaxing or letting go to allow the stool to come out during a bowel movement?	<p>Ⓐ Never or rarely Ⓑ Sometimes Ⓒ Often Ⓓ Most of the time Ⓔ Always</p>
59. Did any of the symptoms of constipation listed in questions 52–58 above begin more than 6 months ago?	<p>Ⓐ No Ⓑ Yes</p>

ROME III ADULT QUESTIONNAIRE

Question	Answer
Symptoms in the Stomach and Intestines (continued)	
60. In the last 3 months, how often did you have 4 or more bowel movements a day?	<input type="radio"/> ① Never or rarely <input type="radio"/> ② Sometimes <input type="radio"/> ③ Often <input type="radio"/> ④ Most of the time <input type="radio"/> ⑤ Always
61. In the last 3 months, how often did you have loose, mushy, or watery stools?*	<input type="radio"/> ① Never or rarely <input type="radio"/> ② Sometimes <input type="radio"/> ③ Often <input type="radio"/> ④ Most of the time <input type="radio"/> ⑤ Always
62. In the last 3 months, were at least three-fourths (3/4) of your stools loose, mushy, or watery?	<input type="radio"/> ① No <input type="radio"/> ② Yes
63. Did you begin having frequent loose, mushy, or watery stools more than 6 months ago?	<input type="radio"/> ① No <input type="radio"/> ② Yes
64. In the last 3 months, how often did you have to rush to the toilet to have a bowel movement?	<input type="radio"/> ① Never or rarely <input type="radio"/> ② Sometimes <input type="radio"/> ③ Often <input type="radio"/> ④ Most of the time <input type="radio"/> ⑤ Always

→ **Skip to question 64**

* Those who wish to use the new criteria for subclassifying IBS patients into subtypes based on stool consistency may substitute the following response scale in Questions 53 and 61:

- ① Never or rarely
- ② About 25% of the time
- ③ About 50% of the time
- ④ About 75% of the time
- ⑤ Always, 100% of the time

ROME III ADULT QUESTIONNAIRE

Question	Answer
65. In the last 3 months, how often was there mucus or slime in your bowel movement?	<ul style="list-style-type: none"> ⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always
66. In the last 3 months, how often did you have bloating or distension?	<ul style="list-style-type: none"> ⓪ Never → <i>Skip to question 68</i> ① Less than one day a month ② One day a month ③ Two to three days a month ④ One day a week ⑤ More than one day a week ⑥ Every day
67. Did your symptoms of bloating or distention begin more than 6 months ago?	<ul style="list-style-type: none"> ⓪ No ① Yes
Symptoms in the Gall Bladder or Pancreas	
68. In the last 6 months, how often did you have steady pain in the middle or right side of your upper abdomen?	<ul style="list-style-type: none"> ⓪ Never → <i>Skip to question 75</i> ① Less than one day a month ② One day a month ③ Two to three days a month ④ One day a week ⑤ More than one day a week ⑥ Every day
69. Did this pain last 30 minutes or longer?	<ul style="list-style-type: none"> ⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always

ROME III ADULT QUESTIONNAIRE

Question	Answer
Symptoms in the Gall Bladder or Pancreas (continued)	
70. Did this pain build up to a steady, severe level?	① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always
71. Did this pain go away completely between episodes?	① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always
72. Did this pain stop you from your usual activities, or cause you to see a doctor urgently or go to the emergency department?	① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always
73. Have you had your gallbladder removed?	① No → <i>Skip to question 75</i> ② Yes
74. How often have you had this pain since your gallbladder was removed?	① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always

ROME III ADULT QUESTIONNAIRE

Question	Answer
Symptoms in the Rectum or Anal Canal	
<p>75. In the last 3 months, how often have you accidentally leaked liquid or solid stool?</p>	<p>④ Never → <i>Skip to question 78</i></p> <p>① Less than one day a month</p> <p>② One day a month</p> <p>③ Two to three days a month</p> <p>④ One day a week</p> <p>⑤ More than one day a week</p> <p>⑥ Every day</p>
<p>76. In the last 3 months, when this leakage occurred, about what amount was leaked?</p>	<p>① A small amount (staining only)</p> <p>② Moderate amount (more than staining, but less than a full bowel movement)</p> <p>③ Large amount (a full bowel movement)</p>
<p>77. In the <i>last year</i>, when this leakage occurred, what was the composition of leakage?</p>	<p>① Liquid/mucus only</p> <p>② Stool only</p> <p>③ Both liquid/mucus and stool</p>
<p>78. In the last 3 months, how often have you had aching, pain, or pressure in the anus or rectum when you were not having a bowel movement?</p>	<p>④ Never → <i>Skip to question 82</i></p> <p>① Less than one day a month</p> <p>② One day a month</p> <p>③ Two to three days a month</p> <p>④ One day a week</p> <p>⑤ More than one day a week</p> <p>⑥ Every day</p>
<p>79. How long did the aching, pain or pressure last?</p>	<p>① From seconds to up to 20 minutes and disappeared completely</p> <p>② More than 20 minutes and up to several days or longer</p>

ROME III ADULT QUESTIONNAIRE

Question

Answer

Symptoms in the Rectum or Anal Canal (continued)

80. Did the pain in your anus and rectum occur and then completely disappear during the same day?
- Ⓐ No
Ⓑ Yes

81. Did the aching, pain, or pressure in the anal canal or rectum begin more than 6 months ago?
- Ⓐ No
Ⓑ Yes



Other Questions

82. In the last 3 months, how often have you noticed blood in your stools?
- Ⓐ Never or rarely
Ⓑ Sometimes
Ⓒ Often
Ⓓ Most of the time
Ⓔ Always

83. In the last 3 months, how often have you noticed black stools?
- Ⓐ Never or rarely
Ⓑ Sometimes
Ⓒ Often
Ⓓ Most of the time
Ⓔ Always

84. In the last 3 months, how often have you vomited blood?
- Ⓐ Never or rarely
Ⓑ Sometimes
Ⓒ Often
Ⓓ Most of the time
Ⓔ Always

ROME III ADULT QUESTIONNAIRE

Question	Answer
85. Have you been told by your doctor that you are anemic (a low blood count or low iron)? (If female, <i>not</i> due to your menstrual period.)	<input type="radio"/> No <input type="radio"/> Yes
86. In the last 3 months, how often have you taken your temperature and found it to be over 99 degrees Fahrenheit (38 degrees Centigrade) on different days?	<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
87. In the last 3 months, have you unintentionally lost over 10 pounds (4.5 kilograms)?	<input type="radio"/> No <input type="radio"/> Yes
88. If you are over age 50, have you had a recent major change in bowel movements (change in frequency or consistency)?	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Does not apply
89. Do you have a parent, brother, or sister who has (or had) one or more of the following:	
89.1 Cancer of the esophagus, stomach, or colon	<input type="radio"/> No <input type="radio"/> Yes
89.2 Ulcerative colitis or Crohn's disease	<input type="radio"/> No <input type="radio"/> Yes
89.3 Celiac disease	<input type="radio"/> No <input type="radio"/> Yes

ROME III ADULT QUESTIONNAIRE

Question	Answer
Other Questions (continued)	
90. In the past 3 months, how often did you have persistent or worsening hoarseness of the voice?	① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always
91. In the past 3 months, how often did you have persistent or worsening neck or throat pain?	① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always
92. In the past 3 months, how often did you have chest pain on exertion, or chest pain related to heart problems?	① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always
93. In the last 3 months, how often have you had difficulty swallowing?	① Never or rarely ② Sometimes ③ Often ④ Most of the time ⑤ Always

SCORING ALGORITHM: ROME III DIAGNOSTIC QUESTIONNAIRE FOR THE ADULT FGIDS

Introduction

The diagnostic criteria for each of the FGIDs are listed below. Following each criterion there is ***bold and italicized text*** to indicate (a) the questions in the Rome III Diagnostic Questionnaire that capture this information and (b) the frequency threshold that defines a clinically significant frequency of occurrence for this symptom. For example, for heartburn, “question 8>3” means that the frequency should be more than that for response #3 or at least one day a week.

For some of the FGID diagnoses, the working teams concluded that clinical evaluation or laboratory tests are required to make the diagnosis. **These criteria are identified in red.** There are no questions in the questionnaire for these criteria. Note that since there are no questions in the modular questionnaire for supporting criteria, they are not included in this document.

For functional fecal incontinence and functional defecation disorder, the working team concluded that the diagnosis could only be made based on laboratory tests. However, a set of questions have been included in the questionnaire that can be used for screening purposes in order to identify cases that may require laboratory testing.

Functional Esophageal Disorders

A1. Functional Heartburn

*Diagnostic criteria**

*Must include **all** of the following:*

1. Burning retrosternal discomfort or pain
Heartburn = at least one day per week (question 8>3)
2. Absence of evidence that gastroesophageal acid reflux is the cause of the symptom
No question. Requires ambulatory pH study.
3. Absence of histopathology-based esophageal motility disorders
No question. Requires objective testing.

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

Yes. (question 9=1)

SCORING ALGORITHM: ROME III DIAGNOSTIC QUESTIONNAIRE FOR THE ADULT FGIDS

A2. Functional Chest Pain of Presumed Esophageal Origin

*Diagnostic criteria**

Must include **all** of the following:

1. Midline chest pain or discomfort that is not of burning quality
Chest pain occurs at least 2 to 3 days a month (question 5 > 2)
2. Absence of evidence that gastroesophageal reflux is the cause of the symptom
When you had chest pain, how often did it feel like burning? Never. (question 7 = 0)
3. Absence of histopathology-based esophageal motility disorders
No question.

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

Yes. (question 6 = 1)

A3. Functional Dysphagia

*Diagnostic criteria**

Must include **all** of the following:

1. Sense of solid and/or liquid foods sticking, lodging, or passing abnormally through the esophagus
Food or drink sticks or goes down slowly at least once a month (question 10 > 1)
2. Absence of evidence that gastroesophageal reflux is the cause of the symptom
Was the sensation of food sticking associated with heartburn? Never or rarely. (question 11 = 0)
Heartburn occurred less often than once a week. (question 8 < 4)
3. Absence of histopathology-based esophageal motility disorders
No question.

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

Yes. (question 12 = 1)

A4. Globus

*Diagnostic criteria**

Must include **all** of the following:

1. Persistent or intermittent, nonpainful sensation of a lump or foreign body in the throat
Sensation of lump in throat occurs more than once a month. (question 1 > 2)
2. Occurrence of the sensation between meals
Sensation of lump occurs between meals. Yes. (question 3 = 1)

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3. Absence of dysphagia or odynophagia
Food gets stuck one day a month or less often. (question 10 < 3)
It hurts to swallow. Never or rarely. (question 4 = 0)
 4. Absence of evidence that gastroesophageal reflux is the cause of the symptom
Heartburn occurs 1 day a month or less often (question 8 < 3)
 5. Absence of histopathology-based esophageal motility disorders
No question.
- * Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis
Yes. (question 2 = 1)

B. Functional Gastroduodenal Disorders

BI. Functional Dyspepsia

*Diagnostic criteria**

Must include:

1. *One or more* of the following:
 - a. Botherome postprandial fullness
Uncomfortably full after regular-sized meal, more than 1 day/week (question 13 > 4)
Onset more than 6 months ago (question 14 = 1)
 - b. Early satiation
Unable to finish regular-sized meal, more than 1 day/week (question 15 > 4)
Onset more than 6 months ago. Yes. (question 16 = 1)
 - c. Epigastric pain
Pain or burning in middle of abdomen, at least 1 day/week (question 17 > 3)
Onset more than 6 months ago. Yes. (question 18 = 1)
 - d. Epigastric burning
(This criterion is incorporated in the same question as epigastric pain)

AND

1. *No evidence of structural disease (including at upper endoscopy) that is likely to explain the symptoms*
No question.

* Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis
Yes. (question 18 = 1)

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B1a. Postprandial Distress Syndrome

*Diagnostic criteria**

Must include **one or both** of the following:

1. Bothersome postprandial fullness, occurring after ordinary-sized meals, at least several times per week
Uncomfortably full after regular-sized meal, more than 1 day/week (question 13 > 4)
2. Early satiation that prevents finishing a regular meal, at least several times per week
Unable to finish regular sized meal more than 1 day/week (question 15 > 4)

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

Requires a “Yes” to both. (question 14=1) & (question 16=1)

B1b. Epigastric Pain Syndrome

Diagnostic criteria

Must include **all** of the following:

1. Pain or burning localized to the epigastrium of at least moderate severity, at least once per week
Pain or burning in middle of abdomen, at least 1 day/week (question 17 > 3)
Pain is at least moderate severity (question 20 > 2)
2. The pain is intermittent
Pain or burning often disappears completely in the same day (question 19 > 1)
3. Not generalized or localized to other abdominal or chest regions
Chest pain occurs once a month or less often (question 5 < 3)
Heartburn occurs once a month or less often (question 8 < 3)
4. Not relieved by defecation or passage of flatus
Never or rarely gets better after defecation (question 23 = 0)
5. Not fulfilling criteria for gallbladder and sphincter of Oddi disorders
6. Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis
Yes. (question 18 = 1)

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B2. Belching Disorders

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 39 > 4)
2. Air swallowing that is objectively observed or measured
No question.

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

Yes. (question 40=1)

B2b. Unspecified Excessive Belching

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 39 > 4)
2. No objective evidence that excessive air swallowing underlies the symptom

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

Yes. (question 40=1)

B3. Nausea and Vomiting Disorders

B3a. Chronic Idiopathic Nausea

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 26 > 4)
2. Not usually associated with vomiting
Vomiting less than 1 day a week (question 28 < 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 27=1)

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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 28 > 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.
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 makes himself or herself vomit (question 30 = 0)

* Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis
Yes. (question 29 = 1)

B3c. Cyclic Vomiting Syndrome

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 28 > 0)
2. Three or more discrete episodes in the prior year
At least 3 episodes during the year. Yes. (question 32 = 1)
3. Absence of nausea and vomiting between episodes
Occurred in separate episodes and then stopped at least sometimes (question 31 > 0)

B4. Rumination Syndrome in Adults

Diagnostic criteria*

Must include **both** 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 33 > 3)
Hold food in mouth before spitting or swallowing often (question 35 > 1)

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2. Regurgitation is not preceded by retching

Was bringing up food preceded by retching? No. (question 36=0)

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

Yes. (question 34=1)

C. Functional Bowel Disorders

CI. Irritable Bowel Syndrome

*Diagnostic Criterion**

Recurrent abdominal pain or discomfort** at least 3 days/month in last 3 months associated with *two or more* of criteria #1–#3 below

Pain or discomfort at least 2 to 3 days/month (question 41 > 2)

For women, does pain occur only during menstrual bleeding?

(question 43 = 0 or 2)

1. Improvement with defecation

Pain or discomfort gets better after defecation at least sometimes (question 46 > 0)

2. Onset associated with a change in frequency of stool

Onset of pain or discomfort associated with more stools at least sometimes (question 47 > 0), OR

Onset of pain or discomfort associated with fewer stools at least sometimes (question 48 > 0)

3. Onset associated with a change in form (appearance) of stool

Onset of pain or discomfort associated with looser stools at least sometimes (question 49 > 0), OR

Onset of pain or discomfort associated with harder stools at least sometimes (question 50 > 0)

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

Yes. (question 45=1)

**“Discomfort” means an uncomfortable sensation not described as pain.

In pathophysiology research and clinical trials, a pain/discomfort frequency of at least 2 days a week during screening evaluation is recommended for subject eligibility.

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C2. Functional Bloating

*Diagnostic criteria**

Must include **all** of the following:

1. Recurrent feeling of bloating or visible distension at least 3 days/month in 3 months
Bloating or distention at least 2 to 3 days/month (question 66 > 2)
2. There are insufficient criteria for a diagnosis of functional dyspepsia, irritable bowel syndrome, or functional constipation.
Insufficient criteria for functional dyspepsia, &
Insufficient criteria for IBS, &
Insufficient criteria for other functional GI disorder

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

Yes. (question 67=1)

C3. Functional Constipation

*Diagnostic criteria**

1. Must include *two or more* of the following:
 - a. Straining during at least 25% of defecations
At least often. (question 54 > 1)
 - b. Lumpy or hard stools in at least 25% of defecations
At least often. (question 53 > 1)
 - c. Sensation of incomplete evacuation for at least 25% of defecations
At least sometimes. (question 55 > 0)
 - d. Sensation of anorectal obstruction/blockage for at least 25% of defecations
At least sometimes. (question 56 > 0)
 - e. Manual maneuvers to facilitate at least 25% of defecations (e.g., digital evacuation, support of the pelvic floor)
At least sometimes. (question 57 > 0)
 - f. Fewer than three defecations per week
At least often. (question 52 > 1)
2. Loose stools are rarely present without the use of laxatives.
Loose stools occur never or rarely (question 49 = 0)
3. There are insufficient criteria for IBS
Diagnostic criteria for IBS not met

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

Yes. (question 59 = 1)

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C4. Functional Diarrhea

*Diagnostic criterion**

Loose (mushy) or watery stools without pain occurring in at least 75% of stools

AND

Watery stools at least ¾ of time (question 62=1)

Pain or discomfort never occurs (question 41=0)

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

Yes. (question 63=1)

C5. Unspecified Functional Bowel Disorder

*Diagnostic criterion**

Bowel symptoms not attributable to an organic etiology that do not meet criteria for the previously defined categories.

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

[(question 41>0) & (question 41<3) & (question 45=1)] OR

[(question 66>0) & (question 66<3) & (question 67=1)] OR

[(question 54>0) & (question 54<2) & (question 59=1)] OR

[(question 53>0) & (question 53<2) & (question 59=1)] OR

[(question 55>0) & (question 55<2) & (question 59=1)] OR

[(question 57>0) & (question 57<2) & (question 59=1)] OR

[(question 52>0) & (question 52<2) & (question 59=1)] OR

[(question 60>0) & (question 60<2) & (question 63=1)] OR

[(question 58>0) & (question 58<2) & (question 59=1)] OR

[(question 64>0) & (question 64<2)]

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D. Functional Abdominal Pain Syndrome

Diagnostic criteria*

Must include **all** of the following:

1. Continuous or nearly continuous abdominal pain
Pain or discomfort occurs every day (question 41=6)
Subject experiences only pain, not discomfort (question 42 > 0)
2. No or only occasional relationship of pain with physiological events (e.g., eating, defecation, or menses)
Pain is affected by eating sometimes or less often (question 21 < 2)
Pain stops or lessens with defecation sometimes or less often (question 46 < 2)
Pain onset is associated with more frequent stools sometimes or less often (question 47 < 2)
Pain onset is associated with fewer stools sometimes or less often (question 48 < 2)
Pain onset is associated with looser stools (question 49 < 2)
Pain onset is associated with harder stools (question 50 < 2)
Pain or burning is associated with a change in stool consistency never, rarely, or sometimes (question 25 < 2)
Pain or burning is associated with a change in stool frequency never, rarely, or sometimes (question 24 < 2)
For women, pain is not limited to menstrual bleeding, or question is not applicable (question 43 = 0 or 2)
3. Some loss of daily functioning
Pain limits activity at least some of the time (question 44 > 0)
4. The pain is not feigned (e.g., malingering)
No question
5. Insufficient symptoms to meet criteria for another functional gastrointestinal disorder that would explain the pain
Epigastric pain syndrome criteria not met, &
IBS criteria not met, &
Anorectal pain criteria not met

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

Yes. (question 45=1)

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E. Functional Gallbladder and Sphincter of Oddi Disorders

Diagnostic criteria

Must include episodes of pain located in the epigastrium and/or right upper quadrant

Steady pain which may occur less than once per month or more often (question 68 > 0)

AND *all* of the following:

1. Episodes lasting 30 minutes or longer
At least often (question 69 > 1)
2. Recurrent symptoms occurring at different intervals (not daily)
At least often (question 71 > 1)
3. The pain builds up to a steady level
At least often (question 70 > 1)
4. The pain is moderate to severe enough to interrupt the patient's daily activities or lead to an emergency department visit
At least often (question 72 > 1)
5. The pain is not relieved by bowel movements
Never or rarely. (question 46 = 0)
6. The pain is not relieved by postural change
Never or rarely. (question 51 = 0)
7. The pain is not relieved by antacids
Never or rarely. (question 22 = 0)
8. Exclusion of other structural disease that would explain the symptoms.
No question.

EI. Functional Gallbladder Disorder

Diagnostic criteria

Must include **all** of the following:

1. Criteria for functional gallbladder and sphincter of Oddi disorders
Yes.
2. Gallbladder is present
Gallbladder has not been removed
No. (question 73 = 0)
3. Normal liver enzymes, conjugated bilirubin and amylase/lipase
No question. Laboratory studies needed.

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E2. Functional Biliary Sphincter of Oddi Disorder

Diagnostic criteria

Must include **both** of the following:

1. Criteria for functional gallbladder and sphincter of Oddi disorders
Yes.

Gallbladder has been removed (question 73=1)

Pain has recurred at least sometimes since gallbladder was removed (question 74 > 0)

2. Normal amylase/lipase
No question. Laboratory studies needed.

E3. Functional Pancreatic Sphincter of Oddi Disorder

Diagnostic criteria

Must include **both** of the following:

1. Criteria for functional gallbladder and sphincter of Oddi disorder
Yes.

2. Elevated amylase/lipase
No question.

F. Functional Anorectal Disorders

FI. Functional Fecal Incontinence

*Diagnostic criteria**

1. Recurrent uncontrolled passage of fecal material in an individual with a developmental age of at least 4 years

Leakage of liquid or solid stool occurred at least once a month (question 75 > 1)

No other criteria listed below are incorporated into the questionnaire. Clinical and laboratory assessment are required to confirm that the fecal incontinence is functional.

AND *one or more* of the following:

- a. Abnormal functioning of normally innervated and structurally intact muscles
- b. Minor abnormalities of sphincter structure and/or innervation
- c. Normal or disordered bowel habits, (i.e., fecal retention or diarrhea)
- d. Psychological causes

AND

2. Exclusion of *all* of the following:

- a. Abnormal innervation caused by lesion(s) within the brain (e.g., dementia), spinal cord, or sacral nerve roots, or mixed lesions (e.g. multiple sclerosis),

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or as part of a generalized peripheral or autonomic neuropathy, e.g. due to diabetes

- b. Anal sphincter abnormalities associated with a multisystem disease, (e.g., scleroderma)
- c. Structural or neurogenic abnormalities believed to be the major or primary cause of FI.

* Criteria fulfilled for the last 3 months

F2. Functional Anorectal Pain

F2a. Chronic Proctalgia

Diagnostic criteria*

Must include **all** of the following:

1. Chronic or recurrent rectal pain or aching
Pain or aching occurs more than once a month (question 78 > 2)
2. Episodes last 20 minutes or longer
Pain or aching lasts more than 20 minutes (question 79 = 2)
3. Exclusion of other causes of rectal pain such as ischemia, inflammatory bowel disease, cryptitis, intramuscular abscess, anal fissure, hemorrhoids, prostatitis, and coccygodynia.
No question.

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

Yes. (question 81 = 1)

Chronic proctalgia may be further characterized into levator ani syndrome or unspecified anorectal pain based on digital rectal examination.

F2a1. Levator Ani Syndrome

Diagnostic criterion

Symptom criteria for chronic proctalgia and tenderness during posterior traction on the puborectalis

No Question. Physical examination needed

F2a2. Unspecified Functional Anorectal Pain

Diagnostic criterion

Symptom criteria for chronic proctalgia but no tenderness during posterior traction on the puborectalis

No question. Physical examination needed

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F2b. Proctalgia Fugax

Diagnostic criteria

Must include **all** of the following:

1. Recurrent episodes of pain localized to the anus or lower rectum
Pain or aching in anorectal area occurs at least 1 day/month (question 78 > 1)
2. Episodes last from seconds to minutes
Pain or aching lasts seconds to minutes, up to 20 minutes (question 79 = 1)
3. There is no anorectal pain between episodes
Pain in anus or rectum occurs and then completely disappears during the same day (question 80 = 1)

For research purposes criteria must be fulfilled for 3 months; however, clinical diagnosis and evaluation may be made prior to 3 months.

F3. Functional Defecation Disorders

The diagnostic criteria define functional defecation disorders solely in terms of laboratory tests. However, the following questions may identify possible cases that would require further investigation to confirm or refute a diagnosis. A response of at least 'often' to any of these questions identifies a possible case of functional defecation disorders:

Straining during bowel movements (question 54 > 1)

Feeling of incomplete evacuation (question 55 > 1)

Sensation of blocked stools (question 56 > 1)

Manual maneuvers to facilitate defecation (question 57 > 1)

Difficulty relaxing to allow defecation (question 58 > 1)

AND criteria for functional constipation are fulfilled

AND onset of constipation symptoms began more than 6 months previously.

Yes. (question 59 = 1)

Diagnostic Criteria for Functional Defecation Disorders*

1. The patient must satisfy diagnostic criteria for functional constipation**
2. During repeated attempts to defecate must have *at least two* of the following:
 - a. Evidence of impaired evacuation, based on balloon expulsion test or imaging
 - b. Inappropriate contraction of the pelvic floor muscles (i.e., anal sphincter or puborectalis) or less than 20% relaxation of basal resting sphincter pressure by manometry, imaging, or EMG
 - c. Inadequate propulsive forces assessed by manometry or imaging
No question.

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

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** Functional constipation criteria:

1. Two or more of the following: (a) Straining during at least 25% of defecations, (b) Lumpy or hard stools in at least 25% of defecations, (c) Sensation of incomplete evacuation for at least 25% of defecations, (d) Sensation of anorectal obstruction/blockage for at least 25% of defecations, (e) Manual maneuvers to facilitate at least 25% of defecations (e.g., digital evacuation, support of the pelvic floor) and/or, (f) Fewer than three defecations per week.
2. Loose stools are rarely present without the use of laxatives.
3. Insufficient criteria for IBS.

F3a. Dyssynergic Defecation

Diagnostic criterion

Inappropriate contraction of the pelvic floor, or less than 20% relaxation of basal resting sphincter pressure, with adequate propulsive forces during attempted defecation.

No question.

F3b. Inadequate Defecatory Propulsion

Diagnostic criterion

Inadequate propulsive forces with or without inappropriate contraction or less than 20% relaxation of the anal sphincter during attempted defecation.

No question.

