

Functional Bowel Disorders

IBS	⓪ Never → 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	<i>Skip to question 9</i>
1. In the last 3 months, how often did you have discomfort or pain anywhere in your abdomen?		
2. For women: Did this discomfort or pain occur only during your menstrual bleeding and not at other times?	⓪ No ① Yes ② Does not apply because I have had the change in life (menopause) or I am a male	
3. Have you had this discomfort or pain 6 months or longer?	⓪ No ① Yes	
4. How often did this discomfort or pain get better or stop after you had a bowel movement?	⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always	
5. When this discomfort or pain started, did you have more frequent bowel movements?	⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always	
6. When this discomfort or pain started, did you have less frequent bowel movements?	⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always	
7. When this discomfort or pain started, were your stools (bowel movements) looser?	⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always	
8. When this discomfort or pain started, how often did you have harder stools?	⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always	
9. In the last 3 months, how often did you have fewer than three bowel movements (0-2) a week?	⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always	
10. In the last 3 months, how often did you have hard or lumpy stools?	⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always	Alternative scale: ⓪ Never or rarely ① About 25% of the time ② About 50% of the time ③ About 75% of the time ④ Always, 100% of the time

11. In the last 3 months, how often did you strain during bowel movements?	<ul style="list-style-type: none"> ⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always 	
12. In the last 3 months, how often did you have a feeling of incomplete emptying after bowel movements?	<ul style="list-style-type: none"> ⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always 	
13. In the last 3 months, how often did you have a sensation that the stool could not be passed, (i.e., blocked), when having a bowel movement?	<ul style="list-style-type: none"> ⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always 	
14. 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?	<ul style="list-style-type: none"> ⓪ Never or rarely ① Sometimes ② Often ③ Most of the time ④ Always 	
15. Did any of the symptoms of constipation listed in questions 9-14 above begin more than 6 months ago?	<ul style="list-style-type: none"> ⓪ No ① Yes 	
16. In the last 3 months, how often did you have loose, mushy or watery stools?	<ul style="list-style-type: none"> ⓪ Never or rarely → <i>Skip to question 19</i> ① Sometimes ② Often ③ Most of the time ④ Always 	<p>Alternative scale:</p> <ul style="list-style-type: none"> ⓪ Never or rarely ① About 25% of the time ② About 50% of the time ③ About 75% of the time ④ Always, 100% of the time
17. In the last 3 months, were at least three fourths (3/4) of your stools loose, mushy or watery?	<ul style="list-style-type: none"> ⓪ No ① Yes 	
18. Did you begin having frequent loose, mushy, or watery stools more than 6 months ago?	<ul style="list-style-type: none"> ⓪ No ① Yes 	
19. In the last 3 months, how often did you have bloating or distension?	<ul style="list-style-type: none"> ⓪ Never → 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 	<i>Skip remaining question</i>
20. Did your symptoms of bloating or distention begin more than 6 months ago?	<ul style="list-style-type: none"> ⓪ No ① Yes 	

21. In the last 3 months, how often did you feel uncomfortably full after a regular-sized meal?	<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 to question 23</i>
22. Have you had this uncomfortable fullness after meals 6 months or longer?	<input type="radio"/> No <input type="radio"/> Yes	
23. In the last 3 months, how often were you unable to finish a regular size meal?	<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 to question 25</i>
24. Have you had this inability to finish regular size meals 6 months or longer?	<input type="radio"/> No <input type="radio"/> Yes	
25. 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 → <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>
26. Have you had this pain or burning 6 months or longer?	<input type="radio"/> No <input type="radio"/> Yes	

C. Functional Bowel Disorders

C1. Irritable Bowel Syndrome

Diagnostic Criteria*

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 2-3 days/month (question 1>2)

For women, does pain occur only during menstrual bleeding? (question 2=0 or 2)

Improvement with defecation

Pain or discomfort gets better after BM at least sometimes (question 4>0)

Onset associated with a change in frequency of stool

Onset of pain or discomfort associated with more stools at least sometimes (question 5>0), OR

Onset of pain or discomfort associated with fewer stools at least sometimes (question 6>0)

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

Onset of pain or discomfort associated with looser stools at least sometimes (question 7>0), OR

Onset of pain or discomfort associated with harder stools at least sometimes (question 8>0)

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

Yes. (question 3=1)

**"Discomfort" means an uncomfortable sensation not described as pain.

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

Pain or discomfort more than one day per week (question 1>4)

Criteria for IBS-C

question 10>0 and question 16=0.

Criteria for IBS-D

question 10=0 and question 16>0.

Criteria for IBS-M

question 10>0 and question 16>0.

Criteria for IBS-U

question 10=0 and question 16=0.

C2. Functional Bloating

Diagnostic criteria*

Must include all of the following:

Recurrent feeling of bloating or visible distension at least 3 days/month in 3 months

Bloating or distention at least 2-3 days/month (question 19>2)

There are insufficient criteria for a diagnosis of functional dyspepsia.

Insufficient criteria for functional dyspepsia

[(question 13<5) OR (question 14=0)], AND

[(question 15<5) OR (question 16=0)], AND

[(question 17<5) OR (question 18=0)]

There are insufficient criteria for a diagnosis of irritable bowel syndrome or functional constipation.

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

Yes. (question 19=1)

C3. Functional Constipation

Diagnostic criteria*

Must include two or more of the following:

Straining during at least 25% of defecations

At least often. (question 11>1)

b) Lumpy or hard stools at least 25% of defecations

At least often. (question 10>1)

c) Sensation of incomplete evacuation at least 25% of defecations

At least sometimes. (question 12>0)

d) Sensation of anorectal obstruction/blockage at least 25% of defecations

At least sometimes. (question 13>0)

- e) Manual maneuvers to facilitate at least 25% of defecations (e.g., digital evacuation, support of the pelvic floor)

At least sometimes. (question 14>0)

- f) Fewer than three defecations per week

At least often. (question 9>1)

Loose stools are rarely present without the use of laxatives.

Loose stools occur never or rarely (question 7=0), &

Insufficient criteria for IBS

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

Yes. (question 15=1)

C4. Functional Diarrhea

Diagnostic Criterion*

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

Watery stools at least ¾ of time (question 17=1)

Pain or discomfort never occurs (question 1=0)

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

Yes. (question 18=1)