








Use the below categories and questions to guide your discussion with patients who may have IBS (irritable bowel syndrome).

Before considering an IBS diagnosis, evaluate alarm features such as: anemia, illness, fever, medications, blood in stool, unintentional weight loss, family history of colorectal cancer, and abdominal mass. If alarm features are present or the patient is age 50 or older, diagnostic testing may need to be performed to further evaluate the patient.

BOWEL MOVEMENT	How many times a week do you have a bowel movement?
	<p>What is the appearance of your stool?</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  <input type="checkbox"/> <p>Separate hard lumps, like nuts.</p> </div> <div style="text-align: center;">  <input type="checkbox"/> <p>Sausage-shaped but lumpy.</p> </div> <div style="text-align: center;">  <input type="checkbox"/> <p>Like a sausage or snake but with cracks on the surface.</p> </div> <div style="text-align: center;">  <input type="checkbox"/> <p>Like a sausage or snake, smooth and soft.</p> </div> <div style="text-align: center;">  <input type="checkbox"/> <p>Soft blobs with clear-cut edges.</p> </div> <div style="text-align: center;">  <input type="checkbox"/> <p>Fluffy pieces with ragged edges, a mushy stool.</p> </div> <div style="text-align: center;">  <input type="checkbox"/> <p>Watery, no solid pieces.</p> </div> </div>
SYMPTOMS	<p>Which of these symptoms do you experience?</p> <div style="display: flex; flex-wrap: wrap; gap: 10px;"> <div><input type="checkbox"/> Belly pain</div> <div><input type="checkbox"/> Bloating</div> <div><input type="checkbox"/> Straining</div> <div><input type="checkbox"/> Bowel incontinence</div> <div><input type="checkbox"/> Incomplete bowel movements</div> <div><input type="checkbox"/> Discomfort</div> <div><input type="checkbox"/> Diarrhea</div> <div><input type="checkbox"/> Urgency</div> <div><input type="checkbox"/> Constipation</div> </div>
	<p>What other symptoms have you experienced?</p>
CHRONICITY	When did these symptoms start?
	How often do you experience them?
BURDEN	How do symptoms impact your daily life?
TREATMENT	What steps have you taken to manage your symptoms?
	How satisfied are you with your current treatment?
GOALS	What symptom improvements are you looking to achieve?

This form is not for use by patients or caregivers. This form should only be used by qualified medical professionals and is not intended to substitute for professional medical assessment and/or advice.