







# IRRITABLE BOWEL SYNDROME SCREENING CHECKLIST

DOES YOUR PATIENT EXPERIENCE THE FOLLOWING?	NO	YES	IF YES, HOW BOTHERSOME IS THIS SYMPTOM?			
			NOT AT ALL	SOMEWHAT	QUITE	EXTREMELY
<b>ABDOMINAL SYMPTOMS</b>						
Abdominal pain						
Bloating						
Cramping						
<b>BOWEL MOVEMENTS</b>						
Loose/water stools, types 6 or 7 (>25% of bowel movements)						
Hard/lumpy stools, types 1 or 2 (>25% of bowel movements)						
Increased frequency of bowel movements						
Decreased frequency of bowel movements						
Straining						
Urgency						
<b>ADDITIONAL SYMPTOMS</b>						
Nausea						
Flatulence						
Migraine						
Anxiety or depression						
<b>ALARM FEATURES</b>						
Unexplained weight loss						
Blood in stool						
Family history of inflammatory bowel disease, celiac disease, or colon cancer						
Anemia						
Abdominal mass or evidence of defecatory disorder						
<b>OTHER CONSIDERATIONS</b>						
Experiencing symptoms for $\geq 3$ months						
Symptom onset $\geq 6$ months ago						
<b>NOTES</b>						

1	2	3	4	5	6	7
						
Separate hard lumps, like nuts.	Sausage-shaped but lumpy.	Like a sausage or snake but with cracks on the surface.	Like a sausage or snake, smooth and soft.	Soft blobs with clear-cut edges.	Fluffy pieces with ragged edges, a mushy stool.	Watery, no solid pieces.

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