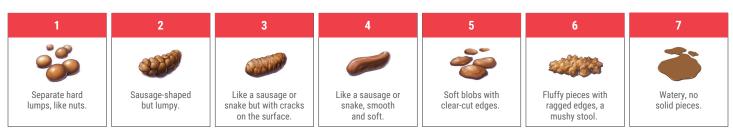
| DOES YOUR PATIENT EXPERIENCE THE FOLLOWING? | NO | VEO | IF YES, HOW BOTHERSOME IS THIS SYMPTOM? | | | |
|---|----|-----|---|----------|-------|-----------|
| | | YES | NOT AT ALL | SOMEWHAT | QUITE | EXTREMELY |
| ABDOMINAL SYMPTOMS | | | | | | |
| Abdominal pain | | | | | | |
| Bloating | | | | | | |
| Cramping | | | | | | |
| BOWEL MOVEMENTS | | | | | | |
| 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 | | | | | | |
| ADDITIONAL SYMPTOMS | | | | | | |
| Nausea | | | | | | |
| Flatulence | | | | | | |
| Migraine | | | | | | |
| Anxiety or depression | | | | | | |
| ALARM FEATURES | | | | | | |
| 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 | | | | | | |
| OTHER CONSIDERATIONS | | | | | | |
| Experiencing symptoms for ≥3 months | | | | | | |
| Symptom onset ≥6 months ago | | | | | | |
| NOTES | | | | | | |



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