

IBS Severity Index

Office Use Only

The questions on this page ask about the severity and frequency of your bowel problems. Fill in the appropriate circles that best answer each question. If you answer with a number, please fill in the box.

1. a) Do you currently (in the last 10 days) suffer from abdominal (tummy) pain?

No
 Yes

- b) If yes, how severe is your abdominal (tummy) pain?

Please indicate a number from 0 to 100, with 0 meaning "no pain" and 100 meaning "very severe"

- c) Please enter the number of times that you get the pain every 10 days.

For example, if you enter 4 it means that you get pain 4 out of 10 days. If you get pain every day enter 10.

Number of days with pain:

2. a) Do you currently suffer from abdominal distention * (bloating, swollen or tight tummy)

*Women, please ignore distention related to your period

No
 Yes

- b) If yes, how severe is your abdominal distention/tightness?

Please indicate a number from 0 to 100, with 0 meaning "no distention" and 100 meaning "very severe"

3. How dissatisfied are you with your bowel habits?

Please indicate a number from 0 to 100, with 0 meaning "very happy" and 100 meaning "very unhappy"

4. Please indicate how much abdominal pain or discomfort or altered bowel habits are affecting or interfering with your life in general.

Please indicate a number from 0 to 100, with 0 meaning "not at all" and 100 meaning "completely"