

## 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 / watery stools (>25% of stools)						
Hard / lumpy stools (>25% of stools)						
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			Further investigations should be conducted in a patient with any of these alarm features			
Blood in stool						
Family history of IBD, celiac disease, or colon cancer						
Anemia						
Abdominal mass or evidence of defecatory disorder						
<b>Other considerations</b>						
Experiencing symptoms for ≥3 months						
Symptom onset ≥6 months ago						
<b>Notes</b>						

This form is not for use by patients or caregivers. This form should only be used by qualified medical professionals.

This form is not intended to substitute for professional medical assessment and/or advice.

