

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
Abdominal symptoms						
Abdominal pain						
Bloating						
Cramping						
Bowel movements						
Loose / watery stools (>25% of stools)						
Hard / lumpy stools (>25% of stools)						
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			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						
Other considerations						
Experiencing symptoms for ≥3 months						
Symptom onset ≥6 months ago						
Notes						

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.

