

THE GASTROINTESTINAL SYMPTOM RATING SCALE (GSRS) IRRITABLE BOWEL SYNDROME (IBS) VERSION

Please read this first:

This survey contains questions about how you have been feeling and what it has been like DURING THE PAST WEEK. Mark the choice that best applies to you and your situation with a cross [X].

1. Have you been bothered by ABDOMINAL PAIN during the past week?

- ☐ No discomfort at all
- ☐ Minor discomfort
- ☐ Mild discomfort
- ☐ Moderate discomfort
- ☐ Moderately severe discomfort
- ☐ Severe discomfort
- ☐ Very severe discomfort

2. Have you been bothered by PAIN OR DISCOMFORT IN YOUR ABDOMEN RELIEVED BY A BOWEL ACTION during the past week?

- ☐ No discomfort at all
- ☐ Minor discomfort
- ☐ Mild discomfort
- ☐ Moderate discomfort
- ☐ Moderately severe discomfort
- ☐ Severe discomfort
- ☐ Very severe discomfort

3. Have you been bothered by A FEELING OF BLOATING during the past week?

- ☐ No discomfort at all
- ☐ Minor discomfort
- ☐ Mild discomfort
- ☐ Moderate discomfort
- ☐ Moderately severe discomfort
- ☐ Severe discomfort
- ☐ Very severe discomfort

4. Have you been bothered by PASSING GAS during the past week?

- ☐ No discomfort at all
- ☐ Minor discomfort
- ☐ Mild discomfort
- ☐ Moderate discomfort
- ☐ Moderately severe discomfort
- ☐ Severe discomfort
- ☐ Very severe discomfort

5. Have you been bothered by CONSTIPATION (problems emptying the bowel) during the past week?

- ☐ No discomfort at all
- ☐ Minor discomfort
- ☐ Mild discomfort
- ☐ Moderate discomfort
- ☐ Moderately severe discomfort
- ☐ Severe discomfort
- ☐ Very severe discomfort

6. Have you been bothered by DIARRHOEA (frequent bowel movements) during the past week?

- ☐ No discomfort at all
- ☐ Minor discomfort
- ☐ Mild discomfort
- ☐ Moderate discomfort
- ☐ Moderately severe discomfort
- ☐ Severe discomfort
- ☐ Very severe discomfort

7. Have you been bothered by LOOSE BOWEL MOVEMENTS during the past week?

- ☐ No discomfort at all
- ☐ Minor discomfort
- ☐ Mild discomfort
- ☐ Moderate discomfort
- ☐ Moderately severe discomfort
- ☐ Severe discomfort
- ☐ Very severe discomfort

8. Have you been bothered by HARD STOOLS during the past week?

- ☐ No discomfort at all
- ☐ Minor discomfort
- ☐ Mild discomfort
- ☐ Moderate discomfort
- ☐ Moderately severe discomfort
- ☐ Severe discomfort
- ☐ Very severe discomfort

9. Have you been bothered by an URGENT NEED TO HAVE A BOWEL MOVEMENT (need to go to the toilet urgently to empty the bowel) during the past week?

- ☐ No discomfort at all
- ☐ Minor discomfort
- ☐ Mild discomfort
- ☐ Moderate discomfort
- ☐ Moderately severe discomfort
- ☐ Severe discomfort
- ☐ Very severe discomfort

10. Have you been bothered by A FEELING THAT YOUR BOWEL WAS NOT COMPLETELY EMPTIED AFTER HAVING A BOWEL MOVEMENT during the past week?

- ☐ No discomfort at all
- ☐ Minor discomfort
- ☐ Mild discomfort
- ☐ Moderate discomfort
- ☐ Moderately severe discomfort
- ☐ Severe discomfort
- ☐ Very severe discomfort

11. Have you been bothered by FEELING FULL SHORTLY AFTER YOU HAVE STARTED A MEAL during the past week?

- ☐ No discomfort at all
- ☐ Minor discomfort
- ☐ Mild discomfort
- ☐ Moderate discomfort
- ☐ Moderately severe discomfort
- ☐ Severe discomfort
- ☐ Very severe discomfort

12. Have you been bothered by FEELING FULL EVEN LONG AFTER YOU HAVE STOPPED EATING during the past week?

- ☐ No discomfort at all
- ☐ Minor discomfort
- ☐ Mild discomfort
- ☐ Moderate discomfort
- ☐ Moderately severe discomfort
- ☐ Severe discomfort
- ☐ Very severe discomfort

13. Have you been bothered by VISIBLE SWELLING OF YOUR ABDOMEN during the past week?

- ☐ No discomfort at all
- ☐ Minor discomfort
- ☐ Mild discomfort
- ☐ Moderate discomfort
- ☐ Moderately severe discomfort
- ☐ Severe discomfort
- ☐ Very severe discomfort

PLEASE CHECK THAT ALL QUESTIONS HAVE BEEN ANSWERED!

THANK YOU FOR YOUR CO-OPERATION.