

Irritable Bowel Syndrome Quiz

Disclaimer: While there is no general or official Irritable Bowel Syndrome quiz, this questionnaire serves as a self-assessment tool for patients experiencing bowel problems. Healthcare professionals can also use this quiz to identify symptoms and help them come up with an accurate diagnosis for their patients. This is **NOT** a diagnostic tool.

Patient information							
Name:	Date of birth:						
Age:	Date of assessment:						
What gender do you identify as? (The incidence of IBS varies between different genders)							
Female Male Non-binary	Other Prefer not to say						
What is your age? (IBS symptoms can appear at any age, but are most common between 20 and 30 years old)							
Under 15 years old 15-29 years old 30-45 years old	Over 45 years old Prefer not to say						
I. Symptoms							
Start by telling us a bit about the symptoms you experience so we can determine the likelihood of them being associated with IBS.							
a. Have you had abdominal pain/discomfort for at least 3 months?*							
Yes	No						
b. On average, how many days per week have you suffered from abdominal pain?*							
0	1	2	3	4	5	6	7
c. On average, how many days per week have you suffered from abdominal pain?* (choose as many as you like)							
Bloating Gas Constipation Diarrhea Fatigue	Trouble sleeping Mucus in stool Anxiety Depression						
d. How long have these symptoms been bothering you?*							
Less than 3 months	More than 3 months						
e. Have you previously seen a healthcare professional (e.g. doctor/dietician) about your symptoms?							
Yes	No						

II. Triggers

Next let's find about the situations and circumstances which trigger patient's symptoms.

Do you relate to the following statements?

a. *"I have experienced the feeling of having 'butterflies in my stomach' when I have been nervous."*

Yes

No

b. *"My symptoms worsen during periods of high stress or anxiety"*

Yes

No

c. *"I've noticed a connection between my emotions and my symptoms"*

Yes

No

d. *"Certain foods seem to worsen my IBS symptoms."*

Yes

No

III. Lifestyle effects

IBS can have significant and limiting impacts on a person's life. The following questions will helps us understand how your symptoms are impacting your lifestyle.

a. **I have to avoid eating the foods I love.**

0

1

2

3

4

5

Not at all

A lot

b. **I feel helpless because of my bowel problems.**

0

1

2

3

4

5

Not at all

A lot

c. **I get annoyed at how much time I spend in the toilet.**

0

1

2

3

4

5

Not at all

A lot

d. **I feel less confident due to my bowel issues.**

0

1

2

3

4

5

Not at all

A lot

e. **My relationship have suffered due to my gut problems.**

0

1

2

3

4

5

Not at all

A lot

What options have you previously tried to manage your symptoms? (Choose as many as you like)

- Avoiding certain foods
- Medication
- Peppermint
- Probiotics

Supplements
Hypnotherapy
Other

How effective have these options been in helping to manage your symptoms?

0 1 2 3 4 5

Not effective Extremely effective

Have you previously tried any gut-brain focused therapies to address your symptoms?

Yes

No

Findings/conclusion (written by healthcare professional in-charge)

Additional notes

Healthcare professional information

Name:

License ID number:

Signature:

Date of assessment: