



This questionnaire has been developed by the World Gastroenterology Organisation, with Danone support.

IBS questionnaire for HCP*

Questions to ask to your patients to diagnose if they are suffering from IBS

1. In the last 3 months, how often did you have discomfort or pain anywhere in your abdomen?	a. All of the time b. Most of the time c. Some of the time d. Never	1 2 1 0
If your answer is NEVER, please skip to Question 10		
2. Have you had this discomfort or pain 6 months or longer?	If no: 0 If yes: at least 6months: 1 Longer: 2	
3. For women only: Did this discomfort or pain occur only during your menstrual bleeding and not at other times?	0	
We will now ask you some questions about these episodes of discomfort or pain		
4. How often did this discomfort or pain get better or stop after you had a bowel movement?	a. All/Most of the time b. Some of the time d. Never	2 1 0
5. When this discomfort or pain started, did you have more frequent bowel movements?		
6. When this discomfort or pain started, did you have less frequent bowel movements?		
7. When this discomfort or pain started, were your stools (bowel movements) looser?		
8. When this discomfort or pain started, how often did you have harder stools?		
9. In the last 3 months, how often did you have hard or lumpy stools?		
10. In the last 3 months, how often did you have loose, mushy or watery stools?		
11. In the last 3 months, how often did you have difficulty having a bowel movement (straining, feeling that you have not finished)?		
12. In the last 3 months, how often did you feel that you had to rush to the bathroom as soon as you got the urge to have a bowel movement?		

13. In the last 3 months, how often did you feel bloated?	
14. In the last 3 months, how often did you feel that your abdomen/belly was actually distended?	
15. In the last 3 months, how often did you feel that you had a problem with passing too much gas/wind?	
16. What is your age?	1. Under 15 years old 1
	2. Between 15 and 50 years 2
	3. Over 50 years old 0
17. Are any of the following diseases present in your family? (please give details)	• Colon cancer Yes: No
	• Celiac disease Yes: No
	• Inflammatory bowel disease (colitis, Crohn's disease) Yes: No
18. Were you recently treated with antibiotics?	Yes: No
19. Have you –unintentionally- lost weight?	Yes: No
20. Did you lose blood with your stools?	Yes: No
21. Did your symptoms wake you up at night?	Yes: No

SCORING SYSTEM:

Add up your scores for questions 1-16

- Score 25-30: your patient is likely to be suffering from IBS
- Score 15-24: your patient may suffer from IBS but other conditions are also possible
- Score <15: your patient's symptoms may not be due to IBS and other conditions should be considered

Questions 17-21

If your patient answered YES to any of these questions you should discuss with him

**This is a new score and has not yet been tested*

Do not hesitate to send your feedback to WGO on the utility of this questionnaire.