

TELL ME ABOUT YOUR GUT

1. How many bowel movements do you have in a week?

2. Do you experience any of the following?

Abdominal pain Straining (difficulty passing stools)

Bloating/swelling Hard stools

Abdominal discomfort Loose/watery stools

Incomplete bowel movements

Have you experienced these for more than 3 months?

Yes No

If so, how long? Other symptoms (please explain):

3. Did you try to find relief by using any over-the-counter treatments within the last month?

Yes No

If yes, which medication and how often do you take it?

4. Have you experienced any changes in the frequency of your bowel movements or in the appearance of your stools?

Yes No

If yes, please describe:

5. How satisfied are you with your bowel movements overall?

Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
○	○	○	○	○

6. How often do your symptoms affect your personal and/or professional life?

WHAT'S YOUR NUMBER?



Separate hard lumps, like nuts (hard to pass)



Sausage-shaped but lumpy



Like a sausage or snake but with cracks on the surface



Like a sausage or snake, smooth and soft



Soft blobs with clear-cut edges



Fluffy pieces with ragged edges; a mushy stool



Watery, no solid pieces. Entirely liquid

Your doctor can help you find relief. Share this information at your next doctor visit. To help find the right treatment for you, your doctor needs to know all your symptoms and how they are affecting you.

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