



Participant ID: _____	Pin # _____
Discovery Site: _____	Clinical Center _____
CRF Date: ____/____/____	Visit #: _____

COMPLEX MEDICAL SYMPTOMS INVENTORY

Current IBS Symptoms (Rome III Criteria)

RESEARCH COORDINATOR ADMINISTERS TO PARTICIPANT AT BASELINE WEEK 4 AND MONTHS 6, 18, & 36 CLINIC CONTACTS, IF NEEDED.

1. In the last 3 months, how often did you have discomfort or pain anywhere in your abdomen?
 - ₀ Never (**STOP**)
 - ₁ Less than one day a month
 - ₂ One day a month
 - ₃ Two to three days a month
 - ₄ One day a week
 - ₅ More than one day a week
 - ₆ Everyday

2. For women: Did this discomfort or pain occur only during your menstrual bleeding and not at other times?
 - ₁ Yes
 - ₀ No
 - ₉₉ Does not apply (either due to menopause or male)

3. Have you had this discomfort or pain 6 months or longer?
 - ₁ Yes
 - ₀ No

4. How often did this discomfort or pain get better or stop after you had a bowel movement?
 - ₀ Never or rarely
 - ₁ Sometimes
 - ₂ Often
 - ₃ Most of the time
 - ₄ Always

5. When this discomfort or pain started, did you have more frequent bowel movements?
 - ₀ Never or rarely
 - ₁ Sometimes
 - ₂ Often
 - ₃ Most of the time
 - ₄ Always

6. When this discomfort or pain started, did you have less frequent bowel movements?
 - ₀ Never or rarely
 - ₁ Sometimes
 - ₂ Often
 - ₃ Most of the time
 - ₄ Always

7. When this discomfort or pain started, were your stools (bowel movements) looser?
 - ₀ Never or rarely
 - ₁ Sometimes
 - ₂ Often
 - ₃ Most of the time
 - ₄ Always

8. When this discomfort or pain started, how often did you have harder stools?
 - ₀ Never or rarely
 - ₁ Sometimes
 - ₂ Often
 - ₃ Most of the time
 - ₄ Always



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9. In the last 3 months, how often did you have hard or lumpy stools?
- ₀ Never or rarely
 - ₁ Sometimes
 - ₂ Often
 - ₃ Most of the time
 - ₄ Always
10. In the last 3 months, how often did you have loose mushy or watery stools?
- ₀ Never or rarely
 - ₁ Sometimes
 - ₂ Often
 - ₃ Most of the time
 - ₄ Always