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COMPLEX MEDICAL SYMPTOMS INVENTORY – IBS

MODULE	DIAGNOSIS CRITERIA CITATION	SYMPTOM QUESTION	SUPPORTING SYMPTOMS/ QUALIFIERS	PHYSICAL EXAM	NOTES
M: IBS	Irritable Bowel Syndrome Drossman. (2006) Rome III Criteria.	(Sx 19) Abdominal pain or discomfort	Recurrent abdominal pain or discomfort (at least 3 days each month during the last 3 months with symptom onset at least 6 months prior to diagnosis), which: <ul style="list-style-type: none"> • Is relieved with bowel movement (at least sometimes) • Has onset associated with a change in stool frequency (at least sometimes) • Has onset associated with a change in stool form or appearance (at least sometimes) Hard or lumpy stools >25% of bowel movements Loose (mushy) or watery stools >25% of bowel movements Abnormal stool frequency (>3/day or <3/week)	N/A	<ul style="list-style-type: none"> • Abdominal pain or discomfort for at least 3 days per month during the previous 3 months. • Four bowel patterns may be seen with IBS, including: <ol style="list-style-type: none"> 1. IBS with constipation (IBS-C): hard or lumpy stools >25%, and loose (mushy) or watery stools <25% of bowel movements. 2. IBS with diarrhea (IBS-D): loose (mushy) or watery stools, and hard or lumpy stool <25% of bowel movements. 3. Mixed IBS (IBS-M): hard or lumpy stools >25% and loose (mushy or watery stools >25% of bowel movements 4. Unsubtyped IBS (IBS-U): insufficient abnormality of stool consistency to meet criteria IBS-C, -D or -M.

₁ Yes ₀ No

3A Recurrent abdominal pain or discomfort (at least 3 days each month during the last 3 months with symptom onset at least 6 months prior to diagnosis) which:

₁ Yes ₀ No 3Aa Is relieved with bowel movement (at least sometimes)

₁ Yes ₀ No 3Ab Has onset associated with a change in stool frequency (at least sometimes)

₁ Yes ₀ No 3Ac Has onset associated with a change in stool form or appearance (at least sometimes)

₁ Yes ₀ No 3B Hard or lumpy stools >25% of bowel movements

₁ Yes ₀ No 3C Loose (mushy) or watery stools >25% of bowel movements

₁ Yes ₀ No 3D Abnormal stool frequency (>3/day or <3/week)

₁ Yes ₀ No M:IBS **Diagnosis: YES to 3A and ≥2/3 of 3Aa, 3Ab, 3Ac. Criterion must be fulfilled for the last 3 months with symptom onset at least 6 months to diagnosis.**