

Symptom Evaluation

Name:

Date:

1. Please rate your current symptoms by placing a tick in the box that best describes each symptom

(please tick none if you do not have this symptom)

	No symptoms or very rarely None	Occasional or mild symptoms Mild	Frequent symptoms Moderate	Continuous symptoms Severe
Abdominal pain/discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal bloating/distension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased flatulence/wind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Belching or burping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stomach/abdominal gurgling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgency to open bowels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incomplete evacuation (feeling of inability to pass all stool)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nausea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heartburn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acid regurgitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tiredness/lethargy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>








Name: _____

2. Currently, how often do you pass a bowel action? (please tick all of the boxes that apply)

- Once a week
- Once every 4-6 days
- Once every 2-3 days
- Once a day
- 2-3 times a day
- 4-6 times a day
- 7 or more times a day

3. Please tick the box that best describes your current stool:

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)	<input type="checkbox"/>
Type 2		Sausage-shaped but lumpy	<input type="checkbox"/>
Type 3		Like a sausage but with cracks on its surface	<input type="checkbox"/>
Type 4		Like a sausage or snake, smooth and soft	<input type="checkbox"/>
Type 5		Soft blobs with clear-cut edges (passed easily)	<input type="checkbox"/>
Type 6		Fluffy pieces with ragged edges, a mushy stool	<input type="checkbox"/>
Type 7		Watery, no solid pieces. Entirely Liquid	<input type="checkbox"/>