Self-Assessment Criteria

This Self-Assessment Criteria is based on the “Rome III Diagnostic Criteria” that is used to evaluate all functional gastrointestinal disorders. If you answer yes to two or more of the questions below, and have been experiencing symptoms for the past 6 months or more, it is possible that your doctor will diagnose you with IBS.

Are you experiencing recurrent abdominal pain or discomfort** at least 3 days per month in the last 3 months, associated with two or more of the following:

- Improvement with defecation (urge to go)
- Onset associated with a change in frequency of stool
- Onset associated with a change in form (appearance) of stool

** “Discomfort” means an uncomfortable sensation not described as pain.

Additional Possible Symptoms

Check yes if you experience any of the following symptoms that most frequently affect those with IBS-D:

- Sudden urges to have bowel movements
- Loose stools
- Frequent stools
- Abdominal pain
- Abdominal discomfort
- Incomplete evacuation
- Gas
- Nausea
- Abdominal pain

Self-Reflection

Use the following space to jot down which of your symptoms are most frequent and/or bothersome, and what is most important to you in a medical treatment.