

CRF version IBS Patient

1. Patient identification and demographic data

Initials :

Date completed :

Date of birth (D/M/Y) :/...../.....

Hospital patient number:

Gender : M / F

Ethnic Origin

Country of origin of maternal grandparents:

Grandmother _____ Grandfather _____

Country of origin of paternal grandparents:

Grandmother _____ Grandfather _____

Drop down:

- Albania	- Liechtenstein
- Andorra	- Lituania
- Armenia	- Luxemburg
- Austria	- Macedonia
- Azerbaidzhan	- Malta
- Belarus	- Moldova
- Belgium	- Monaco
- Bosnia and Herzegovina	- Montenegro
- Bulgaria	- Netherlands
- Croatia	- Norway
- Cyprus	- Ukraine
- Czech Republic	- Poland
- Denmark	- Portugal
- Estonia	- Romania
- Finland	- Russia
- France	- San Marino
- Germany	- Serbia
- Georgia	- Slovenia
- Greece	- Slovakia
- Greenland	- Spain
- Hungary	- Sweden
- Ireland	- Switzerland
- Iceland	- Turkey
- Italy	- United Kingdom
- Kazakhstan	- Vatican City
- Latvia	- Unknown

If not European, the subject cannot be included.

Were you born by caesarian section? no yes

Education: (highest achieved) Primary school
 Secondary school, specification: professional or technical
 General secondary school
 Higher non-academic or academic degree

Present work status: Full-time
 Part-time
 Student
 Full time home maker (taking care of family at home)
 Unable to work since at least 1 month, but less than 1 year
 Unable to work since more than 1 year (disability)
 Unemployed (not due to health problem)
 Retired

Recruited from: Primary care
 Secondary care
 Tertiary care
 Public advertisement
 Defined population

2. Clinical history

What is the frequency of your symptoms? : never
 at least 3 times/month
 less than 1 day/week
 1-2 days/week
 ≥3 days/week
 every day
 unknown

During the first period of your IBS complaints, did symptoms start: acute
 gradually
 unknown

Onset of your symptoms: gastrointestinal infection
 other infection
 stressful life event / psychological trauma
 antibiotics
 abdominal surgery
 not clear

What is the duration of your IBS symptoms (time since onset of first symptoms)? :
.....(months)

Have you previously attended a physician for your problem (more than 1 option possible)? If so:

- Primary
- Secondary
- Tertiary

ROME III criteria Irritable Bowel Syndrome:

Did the patient have **recurrent abdominal pain or discomfort** (“Discomfort” means an uncomfortable sensation not described as pain) at least 3 days/month in the last 3 months with symptom onset at least 6 months prior to diagnosis, **associated with *two or more* of the following?** (please indicate which criteria are fulfilled, more options are possible):

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

If Rome criteria are not fulfilled, exclude patient from study.

Defecation pattern:








- Frequency: ___/day or ___/week
- Consistency: Which of the seven types resembles your average stool during the last week most (if you would not be on medication affecting bowel habits)?
 - Type 1
 - Type 2
 - Type 3
 - Type 4
 - Type 5
 - Type 6
 - Type 7

IBS subtype:

Of what subtype of IBS is the patient suffering?

- IBS with diarrhea (IBS-D):** loose or watery stools (*Bristol scale 6-7*) ≥25% and hard or lumpy stools (*Bristol scale 1-2*) <25% of bowel movements
- IBS with constipation (IBS-C):** hard or lumpy stools (*Bristol scale 1-2*) ≥25% and loose or watery stools (*Bristol scale 6-7*) <25% of bowel movements
- Mixed IBS (IBS-M):** hard or lumpy stools (*Bristol scale 1-2*) ≥25% and loose or watery stools (*Bristol scale 6-7*) ≥25% of bowel movements
- Unsubtyped IBS:** insufficient abnormality of stool consistency to meet criteria for IBS-D, C, or M

Bristol Stool Chart

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

Other symptoms:

- Abnormal stool passage (straining, urgency, or feeling of incomplete evacuation)
- Passage of mucus
- Bloating or feeling of abdominal distension
- Flatulence

Evoking factors: Food intake no yes
 Stress no yes
 Other

Alarm symptoms/red flags:

- Anemia no yes
- Age at onset above 45 no yes
- Unintentional weight loss (4.5kg past 3 months) no yes
- Nocturnal symptoms no yes
- Rectal blood no yes

Family history of colorectal cancer no yes
 Fever no yes

→If red flag: colonoscopy is required. Patient can only be included if colonoscopy is normal.

3. Dietary history

Do you follow any special diet (select one or more)?

- gluten-free
- vegetarian
- vegan
- lactose free
- low carbohydrate – high fat
- high fiber
- FODMAP ("Fermentable, Oligo-, Di-, Mono-saccharides and Polyols")
- Other: _____

Do you follow dietary restrictions because of your IBS symptoms? no yes

Do you avoid certain food products? no yes
 If yes, which food products:.....
 If yes, does it help your IBS symptoms? no yes

Do you use pre-/probiotics on a regular basis? no yes

Were you breastfed in the first 6 months of life? no yes

4. Personal history

Appendectomy : no yes
 Cholecystectomy : no yes
 Other abdominal surgery: no yes
 Psychiatric disorder : no yes
 Other relevant disease : no yes
 Fibromyalgia: : no yes
 Chronic fatigue (> 6 months): no yes

Does the patient suffer from an allergy :
 - skin no yes
 - food no yes
 - ENT no yes

5. Family history

Crohn's disease: no yes
if yes, specify: first degree relative
 second degree relative

Ulcerative colitis: no yes
if yes, specify: first degree relative
 second degree relative

Do you have a twin sibling? no yes
If yes, do you have an identical twin sibling? no yes
If yes, does he/she have abdominal symptoms? no yes
Does a first degree relative have abdominal symptoms? no yes

6. Substance use

Alcohol no yes units /week
Smoking no yes cigarettes/day,pack years
Drugs no yes, specify: main classes: Drop down:
- Speed
- LSD
- Cannabis
- Marihuana
- Opiates (Morfin, Heroïn,...)
- Cocaine
- XTC
- Ketamin
- Methadon
- Other

7. IBS medical history

Recent medication (last 3 months)

	Name	dose	indication	Start date?	Stop date?
Antidepressant					
NSAIDs (incl aspirin)					
Antibiotics					
Probiotics (capsulated or shots)					
Laxatives					
Acid suppressants					
Antispasmodic					
Antidiarrheal drugs					
Fytotherapy					
Prokinetic					
Linaclotide					
Lubiprostone					
Other					

8. Investigations:

Blood analysis:

Normal Hb? no yes

date:/...../.....

Normal CRP? no yes

date:/...../.....

Normal TSH? no yes

date:/...../.....

Normal transglutaminase antibodies/IgA values no yes

date:/...../.....

IF NO: EXCLUDE patient

Coproculture: date:/...../.....

Giardiasis (D-IBS): no yes

IF YES: EXCLUDE patient

Lactose maldigestion:

Symptoms improved following lactose free diet (6 weeks): no yes

IF YES: EXCLUDE patient

Endoscopy

upper endoscopy: date:/...../..... no yes not performed

If yes, significant macroscopic abnormalities: no yes

If yes, significant microscopic abnormalities: no yes

colonoscopy: date:/...../..... no yes not performed

If yes, significant macroscopic abnormalities: no yes

If yes, significant microscopic abnormalities: no yes

sigmoidoscopy: date:/...../..... no yes not performed

If yes, significant macroscopic abnormalities: no yes

If yes, significant microscopic abnormalities: no yes

IF YES: consider EXCLUSION of patient

9. Clinical examination

Weight : _____(kg)

Height : _____(m)

BMI (Body Mass Index) : _____



Blood pressure : Systolic _____ (mmHg)
: Diastolic _____ (mmHg)