IBS - SYMPTOM SEVERITY SCALE

IRRITABLE BOWEL SYNDROME STUDY

1. Do you currently suffer from abdomen or belly pain? ……

**If No,** go to ‘b.’

**If Yes,** continue.

***Check One***

Yes No

1 2

* 1. Indicate with an *“***X***“* on the line below the severity of your abdomen or belly pain:

## 0% 100%

no pain

not very severe

quite severe

severe very severe

* 1. Enter the number of days that you typically experience **abdominal pain *every 10 days:***

*(For example, if you enter 4, it means that you get pain 4 out of 10 days. If you get pain every day, enter 10.)*

Number of days with pain: …………………

1. Do you currently suffer from abdominal distension? ……… (bloating, swollen or tight tummy)

(\*Women, please ignore distension related to your periods.)

**If No,** go question 3.

**If Yes,** continue.

***Check One***

Yes No

1 2

* 1. Indicate with an *“***X***“* on the line below the severity of your abdominal distension/ tightness:

## 0% 100%

no pain

not very severe

quite severe

severe very severe

1. Indicate with an *“***X***“* on the line below how satisfied you are with your bowel habits:

## 0% 100%

not at all

satisfied

not too satisfied

somewhat satisfied

very satisfied

1. Indicate with an *“***X***“* on the line below how much your Irritable Bowel Syndrome affects or interferes with your life in general:

## 0% 100%

not at all

interferes

not much

quite a lot

completely interferes

**Interpretation: -**For question 1.b:- 1 to 100 score  
  
number of day = day \*100  
  
Total = add of score  
  
  
>= 75 & <= 175:- Mild  
> 175 & <= 300:- Moderate  
> 300:- Severe  
no score = No IBS  
  
Reference:-  
<https://pubmed.ncbi.nlm.nih.gov/9146781/>