

First Name:	_____	Gender:	_____
Surname:	_____		
Address:	[AFFIX PATIENT LABEL HERE]		
Date of Birth:	_____	NHI#:	_____
Ward/Clinic:	_____	Consultant:	_____

Dietetics

Gastro Group Symptom & Bowel Habits Self-Evaluation

Session: _____

NHI: _____

The purpose of this form is to find out what your specific symptoms are and how your bowels have been working over the last week. You will be asked to complete this evaluation form before and after making any dietary changes. This will help you and your dietitian decide whether diet has been useful at improving your symptoms and bowel habits.

- Do you currently have adequate relief of your gut symptoms? (e.g. are your gut symptoms currently under control?) Yes No
- Using a rating scale of **0-10** please rate your symptoms during the last week by writing in the box below:

Rating Scale:

- None** = no symptoms (0)
- Mild** = occasional or mild symptoms (1-3)
- Moderate** = frequent symptoms that affect some daily activities (4-6)
- Severe** = continuous symptoms that affect most daily activities (8-9)

	Symptom	None	Mild	Moderate	Severe
a	Abdominal pain / discomfort				
b	Abdominal bloating / distension				
c	Increased flatulence / wind				
d	Belching or burping				
e	Stomach / abdominal gurgling				
f	Urgency to open bowels				
g	Feeling of not being able to completely open bowels and pass all stool (incomplete evacuation)				
h	Nausea				
i	Heartburn				
j	Acid regurgitation (reflux)				
k	Tiredness / lethargy				
l	Overall symptoms				

PLEASE TURN OVER

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3. During the last week, how often did you pass a bowel motion? **You may tick more than one box.**

- 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

Comments:

4. During the last week, which best describes your bowel motions (stools)? **You may tick more than one box.**

Bristol Stool Chart

<input type="checkbox"/>	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 the 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
<input type="checkbox"/>	Type 6		Fluffy pieces with ragged edges, a mushy stool
<input type="checkbox"/>	Type 7		Watery, no solid pieces. Entirely Liquid

5. Answer this only if this is the **final** week of the Gastro groups: Have you completed the low FODMAP diet fully partially not at all

Comments:
