Guy's and St Thomas' NHS
NHS Foundation Trust

New or Follow-up (circle) Date: _____

Patient Initials _____ DOB: _____ Gender (please circle) M F

1. Do you currently have satisfactory relief of your gut symptoms? (circle one)

Yes No

2. Please rate your symptoms during the last week 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 that affect some social activities **Moderate**	Continuous symptoms that affect most social activities **Severe**
Belching or burping (bringing up gas through your mouth)	☑	☐	☐	☐
Heartburn (burning behind your breastbone)	☐	☐	☐	☐
Acid regurgitation (taste of sour fluid in mouth/throat)	☐	☐	☐	☐
Nausea (feeling sick, but without vomiting)	☐	☐	☐	☐
Stomach/abdominal gurgling (vibrations or noise in your abdomen)	☐	☐	☐	☐
Abdominal bloating/distension (swelling in your abdomen)	☐	☐	☐	☐
Abdominal pain (any kind of pain in your abdomen)	☐	☐	☐	☐
Increased flatulence/wind	☐	☐	☐	☐
Incomplete evacuation (feeling of inability to pass all stool)	☐	☐	☐	☐
Urgency to open bowels (urgent need to open your bowels)	☐	☐	☐	☐
Tiredness/lethargy	☐	☐	☐	☐
Overall symptoms		☐	☐	☐

Please turn over

3. Currently, how often do you pass a bowel action? (please tick one box)

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

4. Please tick the boxes that best describe your stool over the last week

Bristol Stool Form Scale

If more than one tick, how often for each

Type 1		Separate hard lumps, like nuts
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.

5. Do your stools contain: (please tick if present)

Oil residue ☐ mucus ☐ blood ☐

6. If relevant, how many weeks did it take for your symptoms to improve on the diet?

_____weeks or n/a

7. If relevant, how much of the time did you follow the diet (please circle)

0%	25%	50%	75%	100%
(never)	(occasionally)	(half)	(mostly)	(always)

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