

## Multicentric Indian Irritable Bowel Syndrome (MIIBS) Study

### Indian Society of Gastroenterology IBS Task force

---

#### Baseline Data






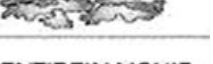
1. Centre Name:
2. Name of Physician:
3. Date:
4. **Patient details:**
- 4 (a): Type of Subject:  Consultant (1) Non-consulter (0)
- 4 (b): Initials (Full name):
- 4 (c): Hospital Regn. No.
- 4 (d): Gender  M (1)/F (0)                      4.(e). Age (y):
- 4 (f): State of origin (Birth place):
- 4 (g): Place of present residence:                       How long?  (in months)
- 4 (h): Religion:  Hindu (1)    Muslim (2)    Sikh (3)    Christian (4)    Others (5)
- 4.(i) Per capita family income: (Rs)
- 4 (j): Educational status:  None (1)    Primary school (2)    Secondary school (3)  
Graduate (4)    Postgraduate (5)    Professional course (6)
- 

#### To Be Filled By Patient

1. Duration of symptoms: a.  (years) b.  (months)
2. **Would you use the following terms to describe your bowel movements?**
- 2 (a): Constipated:  Yes (1) / No (0)
- 2 (b): Diarrhea:  Yes (1) / No (0)
- 2 (c): Constipation alternating with diarrhea:  Yes (1)/No (0)
- 2 (d): Incomplete or unsatisfactory defecation or evacuation:  Yes (1)/No (0)
3. **What is your average stool frequency?**
- 3 (a): Per day
- 3 (b): Per week
4. **Which of the following terms would you use to generally describe your stools?**

(Hard = 1, Soft and formed = 2, Soft but not well formed = 3, Watery = 4, Combinations of these = 5).

**5. Indicate type of stool that you commonly pass**

	Separate hard lumps, like nuts, hard to pass	1
	Sausage-shaped but lumpy	2
	Like sausage but with cracks on its surface	3
	Like sausage or snake, smooth & soft	4
	Soft blobs with clear cut edges (passed easily)	5
	Fluffy pieces with ragged edges, a mushy stool	6
<b>ENTIRELY LIQUID</b>	Watery, no solid pieces	7

**6. Do you have any of the following complaints?**

6 (a): Feeling of abdominal pain or discomfort:  Yes (1) No (0)

6 (b): Feeling of abdominal distension: or bloating  Yes (1) No (0)

If yes, is it > 25% of days?  Yes (1) No (0)

6 (c): Visible abdominal distension:  Yes (1) No (0)

6 (d): More frequent stools with onset of pain:  Yes (1) No (0)

6 (e): Loose stools with onset of pain:  Yes (1) No (0)

6 (f): Relief of pain with passage of stools:  Yes (1) No (0)

6 (g): Passage of mucus with stools:  Yes (1) No (0)

If yes, is it > 25% of stools?  Yes (1) No (0)

6 (h).Urge to pass stools after most meals:  Yes (1) No (0)

6 (i): Straining during passage of stools:  Yes (1) No (0)

6 (j): Abdominal pain or discomfort at least 12 weeks (need not be consecutive):   
Yes (1)/No (0)

6 (k): Abdominal pain or discomfort at least 3 days per month:  Yes (1) No (0)

- 6 (l): Any other abdominal discomfort:  Yes (1) No (0)
- 6 (m): Abdominal bloating:  Yes (1) No (0)
- 6 (n): Do you consume milk?  Yes (1) No (0)
- 6 (o): How much milk do you take daily?  (ml)
- 6 (p): Did you notice any symptoms after taking milk?  Yes (1) No (0)
- 6(q): Have you stop milk for these symptoms?  Yes (1) No (0)
- 6 (r): Did it lead to relief in symptoms?  Yes (1) No (0)

**To Be Filled By Physician**

**7. Which of the following test results are available in this patient?**

- a. Hb  g/dl b. ESR  mm/hr c. Blood sugar: Fasting:  mg/dl
- d. PP blood sugar:  mg/dl e. TSH  IU/L
- f. Stool microscopy report:
- g. Stool for occult blood report:  Positive (1) Negative (0)
- h. Sigmoidoscopy report:
- i. Colonoscopy report:
- j. Barium enema report:

**(Please state if any abnormality detected)**

**Signature of Physician**

**Signature of Subject**

Please mail the completed proforma to  
 Dr. Uday C Ghoshal  
 Coordinator, MIIBS Study  
 Department of Gastroenterology  
 SGPGI, Lucknow 226014  
 Email: [giphsiology@gmail.com](mailto:giphsiology@gmail.com)  
[www.spread.net.in](http://www.spread.net.in)