






Supplementary material

Gastrointestinal Symptom Diary

Date: _____
Day: _____

	Hours	06	08	10	11	12	13	14	16	18	20	22	24	02	04	06
Note meals with X																
Note when you have a feeling of sickness: X-----X																
Note when you have abdominal pain with: X-----X Score the intensity of the pain as indicated below																

Locate the pain area on the sketch

	Hours	06	08	10	11	12	13	14	16	18	20	22	24	02	04	06
Note when you have a feeling of abdominal bloating or distension: X-----X																
Note bowel movements in a circle. Describe the consistency (as below) in the circle																
Did you have to rush to the toilet? Yes/No																
Did you have to strain passing stool? Yes/No																
Did you have the feeling that you could empty your bowels completely? Yes/No																

Intensity of pain:

1: X---X light pain

2: X---X moderate pain

3: X---X intense, unbearable pain

Stool consistency:

1: Separate hard lumps, like nuts (hard to pass)

2: Sausage-shaped, but lumpy

3: Like a sausage but with crackles on its surface

4: Like a sausage or snake, smooth and soft

5: Soft blobs with clear cut edges

6: Fluffy pieces with ragged edges-mushy stool

7: Entirely liquid

Figure 1: Gastrointestinal symptom diary card.