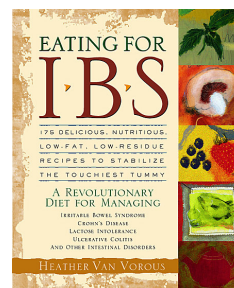


Irritable Bowel Syndrome Diet Study

Please complete this questionnaire twice. The first time should reflect your symptoms before you made dietary changes. Complete it the second time at least three months after you begin following the IBS dietary guidelines in the book *Eating for IBS*, by Heather Van Vorous. You can [download Heather's IBS Diet Cheat Sheet](http://www.helpforibs.com/diet/cheatsheet.asp) at <http://www.helpforibs.com/diet/cheatsheet.asp>



What is your MAIN symptom?

What type of pain are you having? Cramps, persistent pain, mild discomfort, or no pain at all? Please grade from 1-10 (1 equals extreme, 10 equals very minor). How does the pain interfere with your life? (Major interference or lesser degrees to no interference.)

Do you have diarrhea, constipation, or alternating? Have you ever had an accident? Does the symptom interfere with sleeping or wake you in the middle of the night?

Do you have excessive gas or bloating?

What other GI symptoms do you have? Heartburn, stomach discomfort, trouble swallowing, right upper under the ribs pain, early stomach filling where you cannot eat a full meal?

What other type of symptoms do you have? Fibromyalgia? Chronic fatigue? Frequent headaches requiring medication? Significant menstrual problems? Endometriosis? Sleep disturbance not due to your IBS symptoms? Other?

Since you were diagnosed with IBS, have you ever had weight loss (not purposeful), bleeding from the gut, fevers, night sweats, anemia?

Prior to starting the Eating for IBS diet, what did you eat? What did you eat for breakfast, lunch, supper? What beverages did you drink? Were you able to spot any triggers on your own before you began the diet?

What type of medication did you take before the diet? Include prescription, across the counter, or alternative drugs.

A tough question: Were you abused as a child or adult? (Current teaching, which I do not find in my large numbers of patients, is that the majority of patients suffered mental, physical or sexual abuse in the past.) These studies come from very specialized centers, and do not reflect the real world, in my opinion. If you do not wish to answer, it will not in any way disqualify you from the study.

Your age: _____ **Gender:** Female Male

Remember to complete two copies of this questionnaire, for a before and after comparison.

This copy reflects your IBS: Before dietary changes _____ After dietary changes _____

GOOD LUCK AND GOOD HEALTH!!

Please fax or mail *both* copies of the completed questionnaire to:

FAX: 403 244 3536

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