

Functional Diarrhea Patient Symptom Questionnaire

(For clinical assessment of symptom changes at different treatment stages)

This questionnaire is used to assess gastrointestinal symptoms in patients with functional diarrhea. Please complete the questionnaire according to your condition **at the current treatment stage**.

Section I. Basic Information

Patient ID (or Name): _____

Sex: ☐ Male ☐ Female

Age (years): _____

Height (cm): _____

Weight (kg): _____

Date of first visit: _____

Duration of diarrhea (years): _____

Treatment stage (please select one):

☐ A. Before medication

☐ B. At the end of treatment

☐ C. 1 month after the end of treatment

Section II. Medical History and Lifestyle Factors

Smoking history: ☐ Yes ☐ No

Alcohol consumption: ☐ Yes ☐ No

History of hypertension: ☐ Yes ☐ No

History of diabetes mellitus: ☐ Yes ☐ No

History of cholecystectomy: ☐ Yes ☐ No

Section III. Bowel Habits

(Based on the average condition over the past 3 days)

1. Average number of bowel movements per day:

_____ times/day

2. Stool consistency

(Please select the option that best matches your stool form, according to the Bristol Stool Form Scale)

- ☐ Type 1 Separate hard lumps, like nuts (hard to pass)
- ☐ 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 (passed easily)
- ☐ Type 6 Fluffy pieces with ragged edges, a mushy stool
- ☐ Type 7 Watery, no solid pieces, entirely liquid

Section IV. Severity of Defecation-Related Symptoms

Severity grading:

0 = Not at all

1 = Mild

2 = Moderate

3 = Severe

4 = Very severe

3. Urgency of defecation:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

4. Sensation of incomplete evacuation:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Section V. Other Gastrointestinal Symptoms

(Whether the following symptoms occurred during the past 3 days)

5. Frequent flatulence:

☐ Yes ☐ No

6. Borborygmi (noticeable bowel sounds):

☐ Yes ☐ No

7. Mucus in stool:

☐ Yes ☐ No

8. Frothy stool:

☐ Yes ☐ No

Section VI. Overall Bowel Satisfaction

9. Overall satisfaction with current bowel habits:

☐ 1 Very dissatisfied

☐ 2 Dissatisfied

☐ 3 Neutral

☐ 4 Satisfied

☐ 5 Very satisfied

Notes for Clinical Use

Higher stool frequency, looser stool form (BSFS type 6–7), higher symptom severity scores, and the presence of associated gastrointestinal symptoms indicate more severe disease status.

This questionnaire is intended for repeated use at different treatment stages to evaluate symptom changes over time.