**Rome IV Criteria Questionnaire**

***(Made for the EGG and Emotionality Study)***

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| --- | --- | --- | --- | --- |
| In the last three months, how often have you had recurrent abdominal pain that is: | | | | |
| *On average* | Never | Less than 1 day per week | 1 day per week | More than 1 day per week |
| Related to defecation (may be increased or unchanged by defecation) |  |  |  |  |
| Associated with a change in stool frequency |  |  |  |  |
| Associated with a change in stool form or appearance |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| In the last three months, how often have you had: | | | | |
| *On average* | Never | Less than 1 day per week | 1 day per week | More than 1 day per week |
| Altered stool frequency |  |  |  |  |
| Altered stool form |  |  |  |  |
| Altered stool passage (straining and/or urgency) |  |  |  |  |
| Mucorrhea (discharge of mucus with stool) |  |  |  |  |
| Abdominal bloating or subjective distention |  |  |  |  |