

Kruis patient questionnaire

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| 1. Did you come because of abdominal pain? | No | Yes |
| Do you suffer from flatulence? | No | Yes |
| Do you suffer irregular bowel movements? | No | Yes |
| 2. Have you experienced this for > 2 years? | No | Yes |
| 3. How can your abdominal pain be described: burning, cutting, very strong, terrible, feeling of pressure, dull, boring, not so bad? | | |
| 4. Have you alternating diarrhoea/constipation? | No | Yes |
| 5. Have your stools any of the following properties? Pencil-like; rabbit pellets; hard in the first portion and looser in the second portion; mucus? | | |

If the patient answers yes in any of sections of each question, a scoring system is allocated as follows:

Question 1	34 points
Question 2	16
Question 3	23
Question 4	14
Question 5 carries no score.	
Total score possible	87 points.

The patient questionnaire is then validated by the clinician who can subtract from the original total if they identify markers or indicators of disease, potential red flags.