

ROME III Diagnostic Criteria*

Recurrent abdominal pain or discomfort** at least 3 days/month in last 3 months associated with two or more of criteria #1 - #3 below:

Pain or discomfort at least 2-3 days/month (question 1>2)

For women, does pain occur only during menstrual bleeding? (question 2=0 or 2)

1. Improvement with defaecation

Pain or discomfort gets better after BM at least sometimes (question 4>0)

2. Onset associated with a change in frequency of stool

Onset of pain or discomfort associated with more stools at least sometimes (question 5>0), OR Onset of pain or discomfort associated with fewer stools at least sometimes (question 6>0)

3. Onset associated with a change in form (appearance) of stool

Onset of pain or discomfort associated with looser stools at least sometimes (question 7>0), OR Onset of pain or discomfort associated with harder stools at least sometimes (question 8>0)

* Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis

Yes. (question 3=1)

**"Discomfort" means an uncomfortable sensation not described as pain.

In pathophysiology research and clinical trials, a pain/discomfort frequency of at least two days a week is recommended for subject eligibility.

Pain or discomfort more than one day per week (question 1>4)

How to use the questionnaire?

Criteria for IBS-C

(question 9>0) and (question 10=0)

Criteria for IBS-D

(question 9=0) and (question 10>0)

Criteria for IBS-M

(question 9>0) and (question 10>0)

Criteria for IBS-U

(question 9=0) and (question 10=0)

The timely publication of ROME III is beneficial to this guideline, it brings together many studies that have incorporated ROME criteria, and this latest iteration closely aligns the thinking of the GDG, in particular in relation to the implementation of diagnostic criteria for primary care clinicians to use.

ROME III Criteria - Questionnaire

1. In the last 3 months, how often did you have discomfort or pain anywhere in your abdomen?	0 Never → 1 Less than one day a month 2 One day a month 3 Two to three days a month 4 One day a week 5 More than one day a week 6 Every day	Skip remaining questions
2. For women: Did this discomfort or pain occur only during your menstrual bleeding and not at other times?	0 No 1 Yes 2 Does not apply because I have had the change in life (menopause) or I am a male	
3. Have you had this discomfort or pain 6 months or longer?	0 No 1 Yes	
4. How often did this discomfort or pain get better or stop after you had a bowel movement?	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	
5. When this discomfort or pain started, did you have more frequent bowel movements?	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	
6. When this discomfort or pain started, did you have less frequent bowel movements?	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	
7. When this discomfort or pain started, were your stools (bowel movements) looser?	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	
8. When this discomfort or pain started, how often did you have harder stools?	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	
9. In the last 3 months, how often did you have hard or lumpy stools?	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	Alternative scale: 0 Never or rarely 1 About 25% of the time 2 About 50% of the time 3 About 75% of the time 4 Always, 100% time
10. In the last 3 months, how often did you have loose, mushy or watery stools?	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	Alternative scale: 0 Never or rarely 1 About 25% of the time 2 About 50% of the time 3 About 75% of the time 4 Always 100% time