

10-Point Rating Scale for Gastrointestinal Symptoms (VAS modified)

Study: _____ Part.Code: _____ Trial: _____ Period: _____ Date: _____

	Very mild symptoms					Severe symptoms					Extremely bad symptoms
	0	1	2	3	4	5	6	7	8	9	10
Overall Gut Discomfort											
Upper Gastrointestinal Symptoms											
Belching	0	1	2	3	4	5	6	7	8	9	10
Heartburn	0	1	2	3	4	5	6	7	8	9	10
Bloating (stomach fullness)	0	1	2	3	4	5	6	7	8	9	10
Stomach pain	0	1	2	3	4	5	6	7	8	9	10
Urge to regurgitate	0	1	2	3	4	5	6	7	8	9	10
Regurgitation	0										10
Projectile vomiting	0										10
Lower Gastrointestinal Symptoms											
Flatulence	0	1	2	3	4	5	6	7	8	9	10
Lower abdominal bloating (abdominal pressure)	0	1	2	3	4	5	6	7	8	9	10
Urge to defecate	0	1	2	3	4	5	6	7	8	9	10
Left intestinal pain	0	1	2	3	4	5	6	7	8	9	10
Right intestinal pain	0	1	2	3	4	5	6	7	8	9	10
Defecation: Loose stools	0										10
Defecation: Diarrhoea	0										10
Defecation: Bloody stools	0										10
Other Gastrointestinal Symptoms											
Nausea	0	1	2	3	4	5	6	7	8	9	10
Dizziness	0	1	2	3	4	5	6	7	8	9	10
Stitch	0	1	2	3	4	5	6	7	8	9	10

	Low										High
Taste fatigue (cannot face the same food/fluid)	0	1	2	3	4	5	6	7	8	9	10
Interest in food (I want to eat)	0	1	2	3	4	5	6	7	8	9	10
Interest in drink (I want to drink)	0	1	2	3	4	5	6	7	8	9	10
Tolerance to food (I could eat)	0	1	2	3	4	5	6	7	8	9	10
Tolerance to drink (I could drink)	0	1	2	3	4	5	6	7	8	9	10
	Low hunger										High hunger
Appetite (hunger scale)	0	1	2	3	4	5	6	7	8	9	10
Thirst	0	1	2	3	4	5	6	7	8	9	10