

UMHB EXSS  
HUMAN PERFORMANCE LABORATORY  
**Gastrointestinal Symptoms Questionnaire**

**Directions.** The purpose of this questionnaire is to enable the staff of the Human Performance Laboratory to evaluate your gastrointestinal symptoms in response to the lactose sugar challenge. For At-Home Lactose Challenge Tests, you will complete one (1) Symptoms Questionnaire immediately PRIOR TO consuming the Lactose Challenge, and a second (2<sup>nd</sup>) Symptoms Questionnaire one-hundred and eighty (180) minutes after ingesting the Lactose challenge solution. Please answer the following questions as accurately as possible. All information given is **CONFIDENTIAL** as described in the **Informed Consent Statement**.

**Please complete the scale by circling the description that most closely describes the symptom severity at this moment.**

**Abdominal Pain or Cramps**

0 No symptoms	1 Trivial	2 Mild	3 Moderate	4 Strong	5 Severe
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**Bloating**

0 No symptoms	1 Trivial	2 Mild	3 Moderate	4 Strong	5 Severe
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**Subjective Impression of Rectal Gas Excretion (Passing Gas)**

0 No symptoms	1 Trivial	2 Mild	3 Moderate	4 Strong	5 Severe
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**Diarrhea**

0 No symptoms	1 Trivial	2 Mild	3 Moderate	4 Strong	5 Severe
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ID # \_\_\_\_\_

Treatment # \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_