

Supplemental Material

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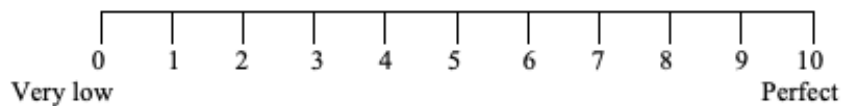
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Modified Gastrointestinal Symptom Rating Scale (GSRS)

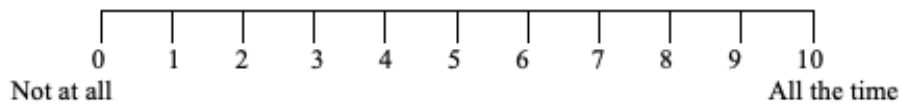
1. Please rate your symptoms during the last month by circling the number that best describes each symptom.

Symptoms		Please circle only one number for each symptom			
		Never	Occasional	Frequently affecting your life	Causes major changes in your life
1	Experienced change in smell	0	1	2	3
2	Experienced change in taste	0	1	2	3
3	Bad breath/halitosis	0	1	2	3
4	Difficulty swallowing liquids	0	1	2	3
5	Difficulty swallowing solids	0	1	2	3
6	Belching or burping	0	1	2	3
7	Heartburn or acid regurgitation	0	1	2	3
8	Feeling full after small amount of food	0	1	2	3
9	Reduced appetite	0	1	2	3
10	Hiccups	0	1	2	3
11	Nausea/feeling sick	0	1	2	3
12	Vomiting/being sick/retching	0	1	2	3
13	Abdominal cramps/trapped wind	0	1	2	3
14	Upper abdominal pain/discomfort	0	1	2	3
15	Stomach/abdominal gurgling	0	1	2	3
16	Lower abdominal pain/discomfort	0	1	2	3
17	Abdominal bloating/distension	0	1	2	3
18	Excessive passing of wind from your bottom	0	1	2	3
19	Need to rush to open bowels	0	1	2	3
20	Feeling that you have not emptied your bowel properly	0	1	2	3
21	Leakage/soiling or lack of control of the bowel	0	1	2	3
22	Mucus in stool	0	1	2	3
23	Pain around your bottom	0	1	2	3
24	Bleeding from your bottom	0	1	2	3
25	Itchiness around the bottom	0	1	2	3
26	Strain to open bowels	0	1	2	3
27	Woken from sleep to have bowels open	0	1	2	3
28	Greasy or oily stool	0	1	2	3
29	Tiredness/lethargy	0	1	2	3
30	Unintentional weight loss	0	1	2	3
31	Problems with passing/controlling urine	0	1	2	3
32	Sexual concerns	0	1	2	3

2. Please indicate how you would score your quality of life at present on the scale below



3. How much do your bowel symptoms affect your quality of life?



4. Currently, how often do you open your bowels? (please tick as many boxes as required)

	What is the least often you have your bowels open?	What is the most you have your bowels open?
Less than once a week	<input type="checkbox"/>	<input type="checkbox"/>
Once every 4-7 days	<input type="checkbox"/>	<input type="checkbox"/>
Once every 2-4 days	<input type="checkbox"/>	<input type="checkbox"/>
Once a day	<input type="checkbox"/>	<input type="checkbox"/>
2-3 times a day	<input type="checkbox"/>	<input type="checkbox"/>
4-6 times a day	<input type="checkbox"/>	<input type="checkbox"/>
7 or more times a day	<input type="checkbox"/>	<input type="checkbox"/>

5. Please tick the box(es) which best describe(s) the stool you pass:

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)	<input type="checkbox"/>
Type 2		Sausage-shaped but lumpy	<input type="checkbox"/>
Type 3		Like a sausage but with cracks on its surface	<input type="checkbox"/>
Type 4		Like a sausage or snake, smooth and soft	<input type="checkbox"/>
Type 5		Soft blobs with clean-cut edges (passed easily)	<input type="checkbox"/>
Type 6		Fluffy pieces with ragged edges, a mushy stool	<input type="checkbox"/>
Type 7		Watery, no solid pieces. Entirely Liquid	<input type="checkbox"/>

Questionnaire on fiber intake

How much fiber am I eating?

Answer the following questions to give you an idea of your diet's high and low-fiber foods. Try to be as honest as possible. There are no right or wrong answers!

Tick as many boxes as apply to you. When you have answered all the questions, add up your total score.

If you have been asked to make changes to your diet (i.e., to increase OR decrease the balance of high or low-fiber foods), use the quiz to help you decide which changes will make the most difference to your overall score, and once you have made the changes, do the quiz again to check your progress.

Breakfast	Score	
I nearly always have cereal for breakfast.		2 points
I sometimes have cereal for breakfast.		1 point
If I do have cereal, it is usually: - Cornflakes/Crunchy Nut Cornflakes /Rice OR - Weetabix/Bran Flakes/Sultana Bran/Fruit 'n Fibre / Muesli / Porridge /Krispies/Special K/Puffed wheat		1 point
		3 points
I never eat breakfast cereal.		0 point
I nearly always have toast (or bread) for breakfast.		1 point
I nearly always have toast (or bread). It is usually: - Wholemeal / granary / malted grain / bread with added bran OR - White bread without added bran		1 point
		0 point
If I do have toast or bread, I usually have a large slice, medium to thick-cut.		1 point
I nearly always have some fruit (fresh or tinned) at breakfast.		1 point
When I have a cooked breakfast, I normally have at least one of the following items: Baked beans, tomatoes, potatoes, or mushrooms.		1 point

Mid-morning break or afternoon snacks	Score	
I often snack on a piece of fruit (e.g., banana, apple, grapes, pear)		2 points
I often have a bag of crisps for a snack.		1 point
I often have a flapjack or a cereal bar for a snack.		1 point
I may snack on yogurt, Danish pastry, croissant, burger, or pasty.		0 points
I may have a glass of milk or a milky coffee for a snack.		0 points
I often have biscuits made from wholemeal flour or oats (e.g., Digestives, Hob-Nobs)		1 point

Lunch	Score	
I usually have a sandwich for lunch.		1 point
I always choose wholemeal bread, if possible, for my sandwich.		2 points
I often have one of the following items for lunch: - Jacket potato + filling/soup + roll / mixed salad/pasta or rice salad		2 points
I often have a cooked lunch. If so, I often have with it: - A portion of baked beans/vegetables or potatoes		2 points
I often have a portion of fresh fruit at lunchtime.		1 point

Supper / Dinner time	Score	
I always have a cooked dinner in the evening.		1 point
If I have a cooked dinner, I usually have some vegetables, potatoes, rice, or pasta.		2 points
If I have a cooked dinner, I often have an extra portion of salad or vegetables.		2 points
I often have a takeaway meal in the evening.		0 points
I always choose veggie takeaway options (e.g., Indian / Chinese)		2 points
I often have fish and chips/burgers and chips for dinner.		0 points
After my main meal, I often have a fruit-based pudding or fresh fruit.		1 point

Other items	Score	
Score one point for each of the following items you frequently eat daily: - Nuts /dried fruit /fruit smoothies /whole wheat crisps/ crisps /fresh fruit.		points
I normally have at least 3 slices of wholemeal bread each day.		2 points
Add up your total score and note it here: TOTAL.		

What does the score mean?

Between 20 and 30 points (or over 30 points)	You have lots of high-fiber foods in your diet
Between 11 and 19 points	You have quite a few high-fiber foods in your diet.
Between 1 and 10 points	You have very few high-fiber foods in your diet.

Questionnaire on caffeine intake

How much caffeine am I having?

Too much caffeine in the diet is sometimes the cause for erratic bowels.

Each day I have on average: Put in the number in the square below		Calculation	
	cups of instant coffee	Number of cups x 100mg	=
	cups of filtered / percolated / machine made coffee	Number of cups x 140mg	=
	cups of tea	Number of cups x 75mg	=
	cans of cola	Number of cans x 40mg	=
	cans of energy drink	Number of cans x 80mg	=
	pieces of plain chocolate	Number of pieces x 10.5mg	=
	pieces of milk chocolate	Number of pieces x 3.25mg	=
		Total caffeine per day	=

What do the results mean?

Less than 200mg = low intake; Between 200-300mg = moderate intake; more than 300mg = high intake; More than 1000mg = excessive

<http://www.nlm.nih.gov/medlineplus/ency/article/002445.htm>

Alcohol Use Disorders Identification Test (AUDIT)

AUDIT is a comprehensive 10-question alcohol harm screening tool developed by the World Health Organization (WHO) and modified for use in the UK. It has been used in various health and social care settings.

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 times or more per week	
How many units of alcohol do you drink on a typical day when you are drinking?	0 to 2	3 to 4	5 to 6	7 to 9	10 or more	
How often have you had 6 or more units, if female, or 8 or more, if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Total AUDIT score: _____

Scoring:













- 0 to 7 indicates low risk
- 8 to 15 indicates increasing risk
- 16 to 19 indicates higher risk,
- 20 or more indicates possible dependence

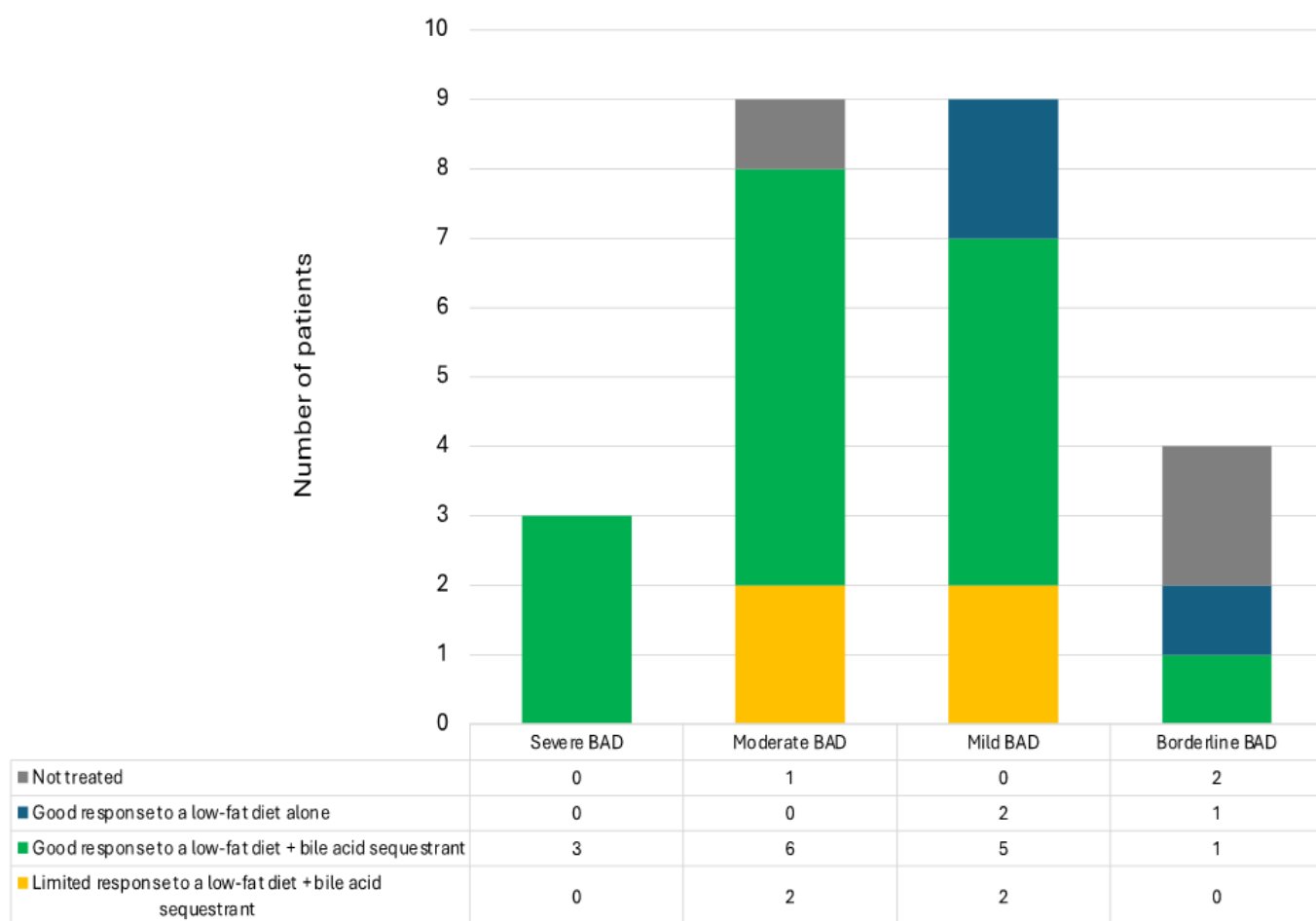
Giving feedback and advice

If the score is lower

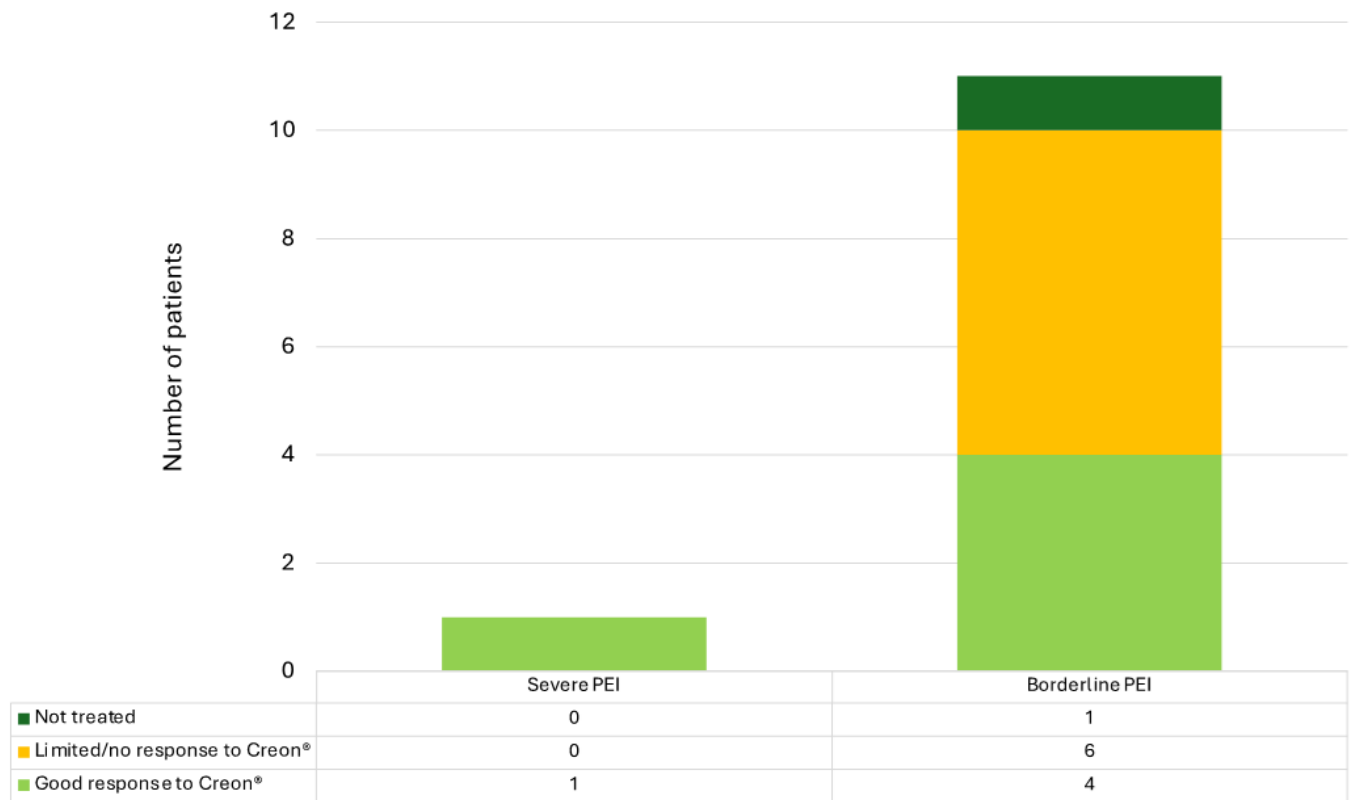
If the score is 8 or above, give [brief advice](#) to reduce risk for alcohol harm. If the score is 20 or above, consider referral to specialist alcohol harm assessment.

Alcohol unit reference

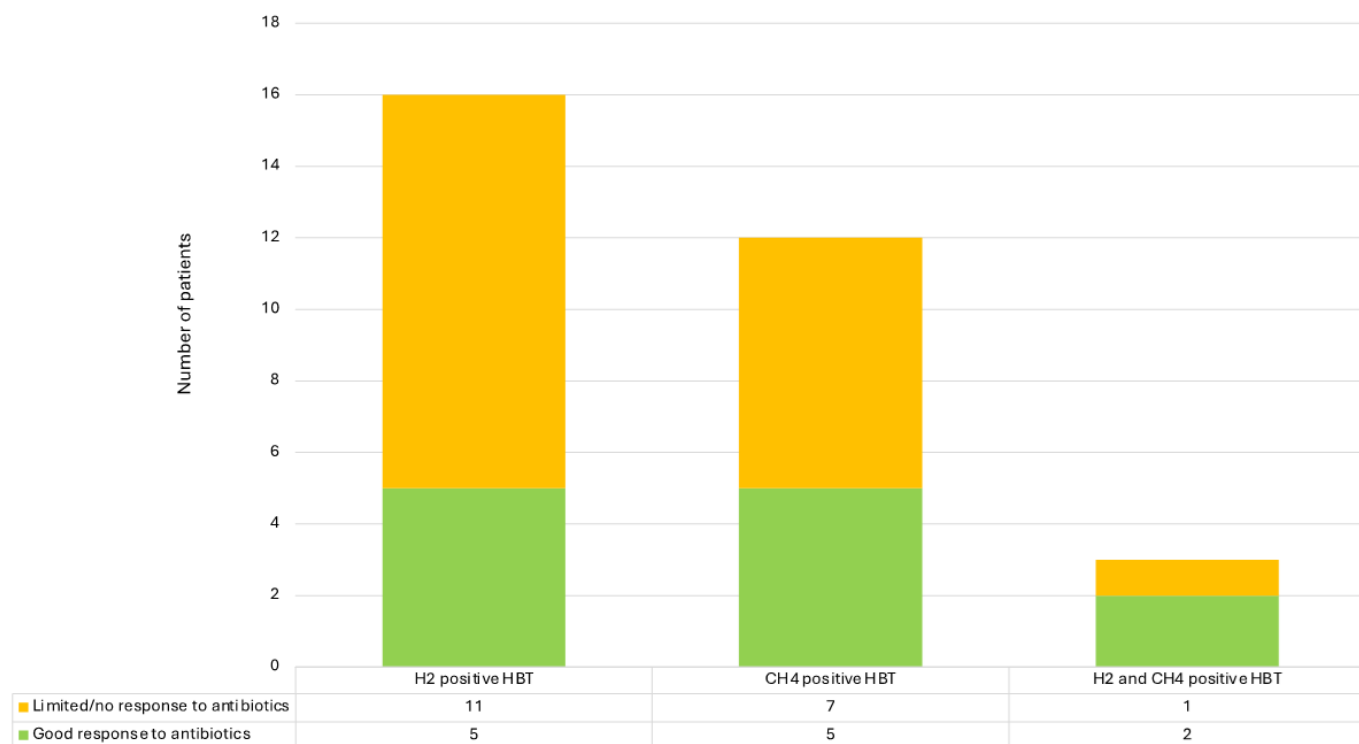
One unit of alcohol	 Half pint of "regular" beer, lager or cider	 Half a small glass of wine	 1 single measure of spirits	 1 small glass of sherry	 1 single measure of aperitifs		
Drinks more than a single unit	 2 Pint of "regular" beer, lager or cider	 3 Pint of "strong" or "premium" beer, lager or cider	 1.5 Alcopop or a 275ml bottle of regular lager	 2 440ml can of "regular" lager or cider	 4 440ml can of "super strength" lager	 3 250ml glass of wine (12%)	 9 75cl Bottle of wine (12%)



Supplement Figure 1: Treatment responses in patients with a SeHCAT scan of <20% 7-day retention. BAD: bile acid diarrhea.



Supplement Figure 2: Treatment responses in patients with a PEI-1 level of <500 µg/g. PEI: pancreatic fecal elastase-1.



Supplement Figure 3: Treatment response in patients with a positive lactulose HBT. HBT: hydrogen breath test.