

The Rome Foundation licenses 26 copyrighted research questionnaires in English and numerous international translations. These questionnaires are used by pharmaceutical companies, clinical research organizations, investigators, clinicians, and students for federal, foundation, industry and investigator initiated studies.

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Research Instruments Developed & Licensed by the Rome Foundation	Description of instrument	Copyrigh Date	t Non-USA English Versions	Key Citations
Rome IV Diagnostic Questionnaire for Adult FGIDs. R4DQ	The Rome IV Diagnostic Questionnaire for Functional Gastrointestinal Disorders in Adults (R4DQ) translates the Rome IV diagnostic criteria into questions that can be understood and reported by patients and research subjects. The intended uses of the R4DQ are (1) to provide inclusion criteria for clinical research studies, (2) to serve as case definitions for epidemiological surveys, and (3) to assist clinicians in arriving at a provisional diagnosis. Diagnostic questionnaires were also developed for pediatric FGIDs. Entire questionnaire or individual modules available: Irritable Bowel Syndrome Module Gastroduodenal Module Bowel Disorders and CNS GI Pain Module Anorectal Module Esophageal Disorders Module Gallbladder And Sphincter Of Oddi Disorders Module	2016	See appendix (page 12) for full listing	Drossman DA et al. Functional Gastrointestinal Disorders. Disorders of Gut-Brain Interaction 4th Edition. 2016 Rome Foundation Appendix C. Available by license from Rome Foundation.
Rome IV Diagnostic Questionnaire for Pediatric Functional Gastrointestinal Disorders - Child R4PDQ	Child: Self-report form for Children and Adolescents (10 years and older)	2016	Bahasa-Indonesia, Chinese-Taiwan, Croatian-Croatia, Dutch-Netherlands, Greece-Greek, Hebrew- Israel, Portuguese-Brazil, Simplified Chinese- China, Spanish-Spain, Thai-Thailand	Drossman DA et al. Functional Gastrointestinal Disorders. Disorders of Gut-Brain Interaction 4th Edition. 2016 Rome Foundation Appendix F. Available by license from Rome Foundation.
Rome IV Diagnostic Questionnaire for Pediatric Functional Gastrointestinal Disorders-Toddler R4PDQ	Child: Parent-report form for Children and Adolescents (4+ years and older)	2016	Arabic-Saudi Arabia, Chinese-Taiwan, Croatian-Croatia, Dutch-Netherlands, Greece-Greek, Hebrew-Israel, Portuguese-Brazil, Simplified Chinese- China, Spanish-Spain, Thai-Thailand	Drossman DA et al. Functional Gastrointestinal Disorders. Disorders of Gut-Brain Interaction 4th Edition. 2016 Rome Foundation Appendix F. Available by license from Rome Foundation.

Research Instruments Developed & Licensed by the Rome Foundation	Description of instrument	Copyright Date	Non-USA English Versions	Key Citations	
Rome IV Diagnostic Questionnaire for Pediatric Functional Gastrointestinal Disorders- Infant Toddler R4PDQ	Parent-report form for Neonates and Toddlers (0-3 years)	2016	Bahasa-Indonesia, Chinese-Taiwan, Dutch-Netherlands, French-France, Portuguese-Brazil, Simplified Chinese- China, Thai-Thailand	Drossman DA et al. Functional Gastrointestinal Disorders. Disorders of Gut-Brain Interaction, 4th Edition. 2016 Rome Foundation; Appendix F. Available by license from Rome Foundation.	
Rome IV Psychosocial Guidelines and Flags for Referring to a Mental Health Provider (R4 Psychosocial Alarm Red Flags)	Provides a checklist of 9 key questions ("flags") that would alert the clinician to seek mental health consultation. A white flag indicates to consider mental health involvement and a red flag indicates to involve them quickly. Question items relate to anxiety depression, suicidality, sexual or physical abuse, severe pain, somatic symptom anxiety, impairment and drug or alcohol abuse.	2016	English only	Drossman DA et al. Functional Gastrointestinal Disorders. Disorders of Gut-Brain Interaction 4th Edition. 2016 Rome Foundation Appendix D. Available by license from Rome Foundation.	
Rome III Questionnaires for Adults and Children	Adult and Pediatric Rome III Questionnaires are available on request. Contact Mark Schmitter at mschmitter@theromefoundation.org	2006	Arabic-Arabia, German- Germany, Swedish- Sweden, Thai - Thailand Turkish - Turkey	Drossman DA et al. The Functional Gastrointestinal Disorders. 3rd Edition. 2006 Degnon Associates; Appendix C and E. Available by license from Rome Foundation.	

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		To assess stool consistency based on seven stool types from pellets to liquid. The stool form correlates with colonic transit time (r=0.7). Types 1 and 2 define constipation and types 6 and 7 define diarrhea. Note, five stool type pediatric scale also available		See appendix (page 12) for full listing	Lewis SJ,Heaton KW. Stool form scale as a useful guide to intestinal transit time. Scand J Gastroenterol 1997; 32:920-924
	CD-QOL	The CD-QOL has 20 items across four clinically relevant subscales (Limitations, Dysphoria, Health Concerns, and Inadequate Treatment). The scale has high internal consistency, reliability, and psychometric validation indicates both convergent and discriminate validity. The CD-QOL is a reliable and valid measure of celiac disease related QOL. As a disease-specific instrument, it is also a useful tool for clinical evaluation of patients with this disorder.	2010	Czech, Dutch-Netherlands, Dutch-Belgium, English- Australia, English- Canada, English-UK, Finnish-Finland, French-Canada, French- Belgium, FrenchFrance, Greek- Greece, Italian, Persian-Iran, Polish, Portuguese-Brazil, Spanish-Spain, Spanish-US, Swedish-Finland	Dorn,S.D.; Hernandez,L.; Minaya,M.T.; Morris,C.B.; Hu,Y.; Leserman,J.; Lewis,S.; Lee,A.; Bangdiwala,S.I.; Green,P.H.R.; Drossman,D.A. The Development and validation of the celiac disease quality of life survey (CD-QOL). Alimentary Pharm Therapeutics 2009;31:666-675
	Irritable Bowel Syndrome-Quality of Life Survey IBS-QOL	quality-of-life measure specific to Irritable Bowel Syndrome (IBS) that can be used to assess the impact of IBS and its treatment. It is highly responsive and can be used to assess response to treatment. The IBS-QOL was developed using a needs based model. There are 3 validation studies done in English and several other international publications.	2000	See appendix (page 13) for full listing	Patrick DL, Drossman DA, Frederick IO, DiCesare J, Puder KL. Quality of life in persons with irritable bowel syndrome: Development of a new measure. Dig Dis Sci 1998;43:400-411. D.A. Drossman, D. L. Patrick, W. E. Whitehead, B. B. Toner, N. E. Diamant, Y. J. B. Hu, et al. Further validation of the IBS-QOL: A disease specific quality of life questionnaire Am J Gastoenterology 2000 Vol. 95 Issue 4 Pages 999-1007 D. A. Drossman, C. B. Morris, Y. Hu, B. B. Toner, N. Diamant, W. E. Whitehead, et al. Characterization of health related quality of life (HRQOL) for patients with functional bowel disorder (FBD) and its response to treatment Am J Gastroenterology 2007 Vol. 102 Issue 7 Pages 1442-1453
	Symptom Severity Scale IBS-SSS	This is the most frequently used measure of IBS severity. Items relate to pain, bowel dysfunction and overall well-being. It is commonly used as an outcome measure in clinical trials because it is highly responsive to change with treatment. Two versions are available with scoring based on a visual analog scale and a numerical scale.	1997	See appendix (page 12) for full listing	Francis CY, Morris J, Whorwell PJ, The irritable bowel severity scoring system. A simple method of monitoring IBS symptoms and its progress. Alimentary Pharm Therapy 1997;11:395-402

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Functional Bowel Disorders Severity Index FBDSI	This instrument quantifies the illness severity of patients with painful functional bowel disorders (IBS, CAPS, painful constipation). It was validated using 4 sites in the US, Canada and the UK where pain severity measures were correlated with physician rating of severity. The measure relies heavily on pain severity and health care utilization scores. Therefore, the instrument is useful for selection and stratification of patients for research but is not responsive to change.	1995	Hebrew-Israel	Drossman DA et al. Functional bowel disorders: A multicenter comparison of health status and development of an illness severity disorder index. Dig Dis Sci 1995;40:986-995. Sperber AD et al. Use of the Functional Bowel Disorder Severity Index (FBDSI) in a study of patients with IBS and fibromyalgia. Am J Gastroenterol 2000; 95:995-998
Rating form of Inflammatory Bowel Disease Patient Concerns RFIPC	This is a 25 item assessment of perceived health status for IBD (UC and Crohn's disease). It evaluates the worries and concerns associated with IBD and its treatments. The questionnaire has a single item summary score and four health status indices (impact of disease, complications of disease, body stigma, and sexual intimacy). The instrument has concurrent validation as it is highly correlated with several measures of daily function. This standardized measure of worries and concerns of persons with IBD may be used in clinical care and research to evaluate the effects of interventions on IBD patient outcomes.	2013	Afrikaans, Arabic, Bosnian, Bulgarian, Croatian, Czech, Dutch, French-Canada, German, Greek, Hebrew-Israel, Italian, Japanese, Portuguese-Portugal, Romanian, Russian-Russia, Serbian, Slovak, Slovenia, Spanish-Estonia, Spanish-Spain, Swedish, Ukrainian, Turkish	Drossman DA, Leserman J, LiZ, Mitchell CM, Zagami EA, Partrick DL. The rating form of IBD patient concerns: A new measure of health status. Psychosom Med 1991;53:701-712
Comorbid Medical Conditions Questionnaire CMCQ	This is an empirically derived questionnaire to measure non-gastrointestinal symptoms that co-exist with Irritable Bowel Syndrome (IBS). Factor analysis of IBS patient symptoms were used to develop the scale and the instrument is rated with 4 subscales: one for psychiatric disorders and 3 for different types of somatic disorders. Concurrent validity was shown with strong correlations with the Cornell Medical Index and the Brief Symptom Inventory – 18.	2012	English only	MaClean EW, Palsson OS, Turner MJ, Whitehead WE. Development and validation of new disease-specific measures of somatization and comorbidity in IBS. J Psychosom Research. 2012;73:351-355

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Satisfaction with Care Scale SAT-37 IBS-SAT	This scale evaluates patient satisfaction with care. Although it was developed and validated with patients having irritable bowel syndrome (IBS), the items are generic to perceived care and thus can be used for other GI conditions. The IBS-SAT has 37 items across five clinically relevant subscales (connection with provider, Education, Benefits of visit, Office attributes and access to care). It has extremely high internal consistency and reliability and shows convergent validity with global satisfaction with care as well as with the Physician Satisfaction Questionnaire. Discriminant (known groups) validity was also established.	2011	English only	S. D. Dorn, C. B. Morris, S. E. Schneck, T. M. Hopper, Y. B. Hu, R. R. Kulkarni-Kelapure, D.A. Drossman Development and validation of the Irritable Bowel Syndrome Satisfaction with Care Scale (IBS- SAT)Clinical Gastroenterology and Hepatology 2011 Vol. 9 Issue 12 Pages 1065-1071
Trauma Questionnaire Trauma	This is one of the first validated (by interview and self-report) questionnaires to assess physical and sexual abuse. The answers are scaled for adults and children based on presumed severity of physical and/or sexual abuse related to threat, contact (touching) or penetration (vaginal or rectal).	1997	English only	Leserman J, Li Z, Drossman DA, Toomey TC, Nachman G, Glogau L. Impact of sexual and physical abuse dimensions on health status: development of an abuse severity measure. Psychosom Medicine 1997;59:152-160
Ulcerative Colitis and Crohn's Disease Health Status Scales UC-CD	This self-report health status scale can be used for patients with ulcerative colitis or Crohn's disease. It was developed from a large database of 991 patients belonging to the Crohn's and Colitis Foundation. The items were derived from factor analysis of symptoms and health status measures. Validation of the items were achieved through strong correlations with general well-being, health status and pain as independent measures. By design, this questionnaire was a better predictor of health status than the CDAI.	1991	English only	Drossman DA, Li Z, Leserman J, Patrick DL. Ulcerative colitis and Crohn's disease health status scales for research and clinical practice. J Clin Gastroenterol 1992; 15:104-112

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Pictogram for Bloating and Scoring System	This is a generic pictogram for the evaluation of bloating, visible abdominal distension, combination of both categories, and normalcy or absence of these symptom/signs. These pictograms were published by Rome IV as an example of this type of instrument that can be used in cultures and languages where there are no expressions for bloating and distension such as Spanish, Italian, or Chinese.	2017	Spanish, Malay	Rábago R, Bonilla A, Escamilla- Diego E, Higuera de la Tijera MF, Schmulson M. Pictograms are more effective than verbal descriptors in Spanish for bloating and distension. Neurogastroenterology & Motility. 2022;00:e14364. doi:10.1111/ nmo.14364
Global Improvement Scale GIS	The Global Improvement Scale (GIS) has been used in several versions. This is a questionnaire Dr. Drossman developed for his NIH treatment trial and then picked up by FDA for their IBS Guidance document. It is a response measure based on comparing current IBS symptoms to the previous week: "How would you rate your IBS signs and symptoms overall over the past 7 days" There are 7 response items from significantly relieved to significantly worse.	2003	Norwegian, German, Japanese, Spanish-US	Originally used in NIH study: D. A. Drossman, B. B. Toner, W. E. Whitehead, N. E. Diamant, C. B. Dalton, S. Duncan, et al. Cognitive-behavioral therapy verses education and desipramine verses placebo for moderate to severe functional bowel disorders; Gastroenterol 2003 Vol. 125 Issue 1 Pages 19-31; It is recommended in the May 2012 FDA Guidance for Industry (see top of page 10, 3rd bullet): https://www.fda.gov/downloads/Drugs/Guidances/UCM205269.pdf
Irritable Bowel Syndrome Patient-Physician Relationship Survey (PPRS) - Physician Version	This is a measure of physician assessment of the clinical interaction with the patient. It contains 35 questions with a 7-item response scale. Themes include interpersonal and psychosocial features considered desirable or undesirable in physician relationships with their patients. It was developed from focus groups of physicians and quantitatively developed from evaluating over 1,000 physicians. It was modified by content experts and usability testing and validated by gastroenterology experts and it showed a high correlation with the Jefferson Scale of Physician Empathy. This instrument can be used clinically in conjunction with the patient version (see below), and for future studies on physician evaluation and training.		English only	Feingold J, Drossman DA, Chey W, Kurlander JE, Morris, CB, Bangdiwala SI, Keefer L. Preliminary development and validation of the Patient-Physician Relationship Scale for Physicians (PPR-Physician) for Disorders of Gut Brain Interaction Neurogastroenterology & Motility. 2020;00:e13976.

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Irritable Bowel Syndrome Patient-Physician Relationship Survey (PPRS) - Patient Version	This is a measure of patient assessment of the clinical interaction with the physician. It contains 32 items with a 7-item response scale. Themes included interpersonal features, clinical care expectations, and aspects of communication. One thousand and fifty- four eligible individuals completed the survey. Concurrent validity was established by it's correlation with the Communication Assessment Tool - CAT-15 (r=.40, P<.001) and The Patient-Doctor Relationship Scale PDRQ- 9 (r=.30, P<.001). This instrument can be used clinically in conjunction with the physician version (see above), and for future studies on physician evaluation and training.	2017	English, Italian-Italy	Kurlander JE, Chey WD, Morris CB, Hu YJB, Padival RK, Bangdiwala SI, Drossman DA et al. Development and Validation of the Patient-Physician Relationship Scale among patients with irritable bowel Syndrome. Neurogastroenterology & Motility. 2017;29:e13106.
Irritable Bowel Syndrome Patient- Physician Relationship Short Form (PPRS-SF) - Patient Version	This is a shortened form of the Patient-Physician Relationship Survey (PPRS) Patient Version. It was developed from a study of patients to correlate the PPRS with patient satisfaction (SAT-37). Exploratory Factor Analysis and Regression Analysis yielded a brief 12-item Scale that explained 63% of the variance in patient satisfaction with their care. This new PPRS-SF version is a convenient tool for clinicians to use in practice or for research.	2021	English only	Drossman DA, Palsson O, Stein E, Ruddy J, O'Broin Lennon AM. What elements in the PPR contribute to patient satisfaction: Development of a short form PPRS-Patient version questionnaire. Neurogastroenterology & Motility. 2021;00:e14191. https://doi.org/10.1111/nmo.14191
Post Infection IBS Scale PI-IBS	The Post-Infection IBS Scale was developed by consensus using a Delphi Approach by experts in DGBI who were commissioned by the Rome Foundation to develop criteria for diagnosis that could be used in research. A diagnosis of PI-IBS requires meeting Rome IV IBS criteria and evidence for an earlier gastrointestinal infection prior to symptom development.	2020	English only	Barbara G, Grover M, Bercik P, Corsetti M, Ghoshal UC, Ohman L, Rafilic-Stojanovic M. Rome Foundation Working Team Report on Post-Infection Irritable Bowel Syndrome. 2019 Gastorenteorlogy 156:46-58
Recent Physical Symptom Questionnaire RPSQ	This is an empirically derived questionnaire to measure non-gastrointestinal symptoms and disorders that co-exist with IBS. It was developed from a systematic review of the world literature that identified non-GI symptoms and diagnoses known to have excess frequency in IBS patients. The psychometric properties of the questionnaires were assessed in two studies of IBS patients. It is a measure that can be used to evaluate non-GI somatic symptoms and medical comorbidities in IBS.	2012	English only	MacLean EW, Palsson O, Turner MJ, White-head WE. Development and Validation of new disease specific measures of somatization and comorbidity in IBS. J of Psychos Res 2012; 73:351-355.

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Patient Education Needs Questionnaire PEQ	The IBS-Patient Education Questionnaire (IBS-PEQ) was developed using patient focus groups and cognitive item reduction. Questions were administered to a national sample of 1,242 IBS patients via mail and online. Frequencies of item endorsements were obtained and categorized. Content areas covered included attitudes and perceptions of causes and exacerbating factors related to IBS, treatments, lifestyle modifications and items patients would like to learn more of. This instrument can be used to survey patients with IBS about interests and preferences.	2004	English only	Halpert A, Dalton CB, Palsson O, Morris C, Hu Y, Bangdiwala S, Hankins J, Norton N, Drossman DA. What patients know about IBS and what the would like to know. National Survey on Patient Educational Needs in IBS and Development and Validation of the Patient Educational Needs Questionnaire (PG). American Journal of Gastroenterology 2007;102:1972-1982
Perceived Stigma Scale (PSS - IBS)	The IBS-PSS has 20 items to evaluate adult patient experiences of IBS-related stigma from significant others (friends, family, colleagues) and healthcare providers. The measure was validated using FDA standards for scale development and has been used in multiple studies on IBS stigma and associated outcomes.	2009	English only	Jones MP, Keefer L, Bratten J, Taft TH, Crowell MD, Levy R, Palsson O. Development and initial validation of a measure of perceived stigma in irritable bowel syndrome. Psychol Health Med. 2009 May;14(3):367-74. doi: 10.1080/13548500902865956. PMID: 19444714. Taft TH, Keefer L, Artz C, Bratten J, Jones MP. Perceptions of illness stigma in patients with inflammatory bowel disease and irritable bowel syndrome. Qual Life Res. 2011 Nov;20(9):1391-9. doi: 10.1007/s11136-011-9883-x. Epub 2011 Mar 20. PMID: 21424542.
Leuven Postprandial Distress Scale (LPDS)	LPDS, which is supported by the European Medicines Agency, is a sensitive and reliable Patient-Reported Outcome instrument to assess symptoms in functional dyspepsia/postprandial distress syndrome.	2019	Dutch-Belgium, English-UK, German-Germany, French-Belgium	

Appendix

Rome Foundation
Diagnostic
Instruments

Non-USA English Versions

Rome IV Diagnostic Questionnaire for Adult FGIDs. R4DQ Arabic-Egypt, Arabic-Israel, Bahasi-Indonesia, Bengali-India, Bengali-Bangladesh, Bulgarian-Bulgaria (IBS, Bowel only), Cantonese-Chinese (Gastro, Bowel only), Simplified Chinese-China, Chinese simplified Mandarin-Malaysia, Chinese simplified Mandarin-Singapore, Croatian-Croatia (Esophageal only), Dutch-Netherlands, Dutch-Belgium, English-Australia, English-Canada, English-Ghana, English-Malaysia, English-Nigeria, English-Singapore, English-South Africa, English-UK, Farsi-Iran, Finnish, French-France, French-Belgium, French-Canada, German, Hebrew-Israel, Hindi-India, Hungarian, Italian, Japanese, Korean, Malay-Malaysia, Malay-Singapore, Norwegian, Polish, Portuguese-Brazil, Romanian, Russian-Russia, Russian-Israel, Spanish-Mexico, Spanish-Argentina, Spanish-Colombia, Spanish-Peru, Spanish-Spain, Spanish-US, Swedish, Telugu, Turkish, Urdu-Pakistan

Other Research Instruments Licensed by the Rome Foundation

Non-USA English Versions

Bristol Stool Form Scale *BSFS*

Afrikaans-South Africa, Arabic-Algeria, Arabic-Egypt, Arabic-Israel, Arabic-Saudi Arabia, Arabic-Turkey, Assamese-India, Bahasa-Indonesia, Belarus-Russia, Bengali-India, Bosnian-Bosnia, Bulgarian-Bulgaria, Cantonese-Hong Kong, Catalan-Spain, Chinese (Mandarin)-Simplified-China, Chinese (Mandarin)-Simplified-Malaysia, Chinese (Mandarin)-Simplified-Singapore, Chinese (Mandarin)-Taiwan Traditional Chinese, Croatian-Bosnia, Croatian-Croatia, Czech-Czech Republic, Danish-Denmark, Dutch-Belgium, Dutch-Netherlands, English-Australia, English-Canada, English-Ghana, English-India, English-Israel, English-Malaysia, English-New Zealand, English-Nigeria, English-Philippines, English-Singapore, English-South Africa, English-UK, English-Ireland, Estonian-Estonia, Farsi-Iran, Finnish-Finland, French-Belgium, French-Canada, French-France, French-Switzerland, Galician-Spain, Georgian-Georgia, German-Austria, German-Belgium, German-Switzerland, Greek-Greece, Gujarati-India, Hebrew-Israel, Hindi-India, Hungarian-Hungary, Italian-Italy, Italian-Switzerland, Japanese, Kanada-India, Korean, Latvian-Latvia, Lithuanian-Lithuania, Macedonian-Macedonia, Malay-Singapore, Malay-Malaysia, Malayalam-India, Marathi-India, Norwegian-Norway, Oriya-India, Polish, Portuguese-Brazil, Portuguese-Portugal, Punjabi-India, Romanian-Moldova, Romanian-Romania, Russian-Georgia, Russian-Lithuania, Russian-Russia, Russian-Israel, Russian-Latvia, Russian-Ukraine, Sesotho-S.Africa, Serbia-Bosnia, Serbian-Serbia, Sepedi-S. Africa, Slovakian-Slovakia, Slovenian-Slovenia, Spanish-Mexico, Spanish-Argentina, Spanish-Paraguay, Spanish-Puerto Rico, Spanish-Panama, Spanish-Peru, Spanish-Spain, Spanish-Uruguay, Swedish-Sweden, Swedish-Finland, Tagalog-Philippines, Tamil-Malaysia, Tamil-India, Telugu-India, Thai-Thailand, Turkish, Ukrainian, Urdu-India, Vietnamese, Urdu-India, Xhosa-S. Africa, Zulu-S. Africa, Welsh-Wales

Irritable Bowel Syndrome-Symptom Severity Scale IBS-SSS

Arabic-Egypt, Arabic-Israel, Arabic-Saudi Arabia, Bahasa-Indonesia, Basaha Malay-Malaysia, Basaha Malay-Singapore, Bengali-Bangladesh, Dutch-Belgium, Dutch-Netherlands, English-Australia, English-Canada, English-Ghana, English-Malaysia, English-Nigeria, English-Singapore, English-South Africa, English-UK, Farsi-Iran, French-France, French-Belgium, French-Canada, German, Greek, Hebrew-Israel, Hindi, Hungarian, Italian, Japanese, Korean, Polish, Portuguese-Brazil, Portuguese-Portugal (VAS only), Romanian, Russian-Russia, Russian-Israel, Simplified Chinese (Mandarin)-China, Simplified Chinese-Singapore, Simplified Chinese-Malaysia, Spanish-Mexico, Spanish-Argentina, Spanish-Colombia, Slovenian-Slovenia Spanish-Spain, Spanish-US, Swedish, Telugu-India, Turkish

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Non-USA English Versions

Irritable Bowel
Syndrome-
Quality of Life
Survey
IBS-QOL

Afrikaans, Arabic-Egypt, Arabic-Israel, Bahasa-Indonesia, Bengali-India, Bulgarian, Cantonese-Hong Kong, Croation-Croatia, Czech, Danish-Denmark, Dutch-Belgium, Dutch-Netherlands, English-Australia, English-Canada, English-Hong-Kong, English-India, English-New Zealand, English-Singapore, English-South Africa, English-UK, Farsi-Iran, Finnish, French-Canada, French-France, French-Belgium, French-Switzerland, German-Austria, German-Germany, German-Switzerland, Greek-Greece, Gujarati-India, Hebrew-Israel, Hindi-India, Hungarian, Italian, Japanese, Kannada-India, Korean, Latvian, Malay-Singapore, Malayalam-India, Mandarin-Chinese, Mandarin-Singapore, Mandarin-Taiwan, Marathi-India, Norwegian, Punjabi-India, Polish, Portuguese-Brazil, Portuguese-Portugal, Romanian, Russian-Latvia, Russian-Israel, Russian-Russia, Slovak, Slovenian-Slovenia, Spanish-Argentina, Spanish-Chile, Spanish-Colombia, Spanish-Ecuador, Spanish-Guatemala, Spanish-Mexico, Spanish-Peru, Spanish-Puerto Rico, Spanish-Spain, Spanish-US, Swedish, Tamil-India, Tamil-Singapore, Telugu-India, Turkish-Turkey, Ukrainian-Ukraine, Urdu-India

Rome III Diagnostic Questionnaires Adult and Children

Adult: Chinese, Dutch-Netherlands, Farsi, French, German, Greek, Hebrew, Italian, Japanese, Korean, Malay-Bahasa, Marathi, Norwegian, Polish, Romanian, Serbia, Spanish-Mexico, Spanish-Spain, Swedish

Pediatric: Japanese



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