



14 DAYS IBS SYMPTOMS TRACKER DIARY

DAY 1	
1. How many bowel movements did you have in the last 24 hours?	
2. On a scale of 1-7, what was the score of your least formed bowel movement in the last 24 hours?	
3. With regard to your IBS symptoms of abdominal pain, on a scale of 0-10, what was your worst IBS-related abdominal pain over the last 24 hours? 'Zero' means you have no pain at all; 'Ten' means the worst possible pain you can imagine.	
4. Have you used any loperamide?	
5. Which other medications did you take in the last 24 hours and how many?	
6. With regards to your IBS symptoms of bloating on a scale 0-6 how bothersome was your IBS related bloating? <i>Zero means no bloating, 6 means the worst bloating you can imagine.</i>	
7. List of food during the day	
8. How many tablespoons/saches of drug-free treatment ENTEROSGEL did you take in the last 24 hours?	
DAY 2	
1. How many bowel movements did you have in the last 24 hours?	
2. On a scale of 1-7, what was the score of your least formed bowel movement in the last 24 hours?	
3. With regard to your IBS symptoms of abdominal pain, on a scale of 0-10, what was your worst IBS-related abdominal pain over the last 24 hours? 'Zero' means you have no pain at all; 'Ten' means the worst possible pain you can imagine.	
4. Have you used any loperamide?	
5. Which other medications did you take in the last 24 hours and how many?	
6. With regards to your IBS symptoms of bloating on a scale 0-6 how bothersome was your IBS related bloating? <i>Zero means no bloating, 6 means the worst bloating you can imagine.</i>	
7. List of food during the day	
8. How many tablespoons/saches of drug-free treatment ENTEROSGEL did you take in the last 24 hours?	
DAY 3	
1. How many bowel movements did you have in the last 24 hours?	
2. On a scale of 1-7, what was the score of your least formed bowel movement in the last 24 hours?	
3. With regard to your IBS symptoms of abdominal pain, on a scale of 0-10, what was your worst IBS-related abdominal pain over the last 24 hours? 'Zero' means you have no pain at all; 'Ten' means the worst possible pain you can imagine.	
4. Have you used any loperamide?	
5. Which other medications did you take in the last 24 hours and how many?	
6. With regards to your IBS symptoms of bloating on a scale 0-6 how bothersome was your IBS related bloating? <i>Zero means no bloating, 6 means the worst bloating you can imagine.</i>	
7. List of food during the day	
8. How many tablespoons/saches of drug-free treatment ENTEROSGEL did you take in the last 24 hours?	



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DAY 4	
1. How many bowel movements did you have in the last 24 hours?	
2. On a scale of 1-7, what was the score of your least formed bowel movement in the last 24 hours?	
3. With regard to your IBS symptoms of abdominal pain, on a scale of 0-10, what was your worst IBS-related abdominal pain over the last 24 hours? 'Zero' means you have no pain at all; 'Ten' means the worst possible pain you can imagine.	
4. Have you used any loperamide?	
5. Which other medications did you take in the last 24 hours and how many?	
6. With regards to your IBS symptoms of bloating on a scale 0-6 how bothersome was your IBS related bloating? <i>Zero means no bloating, 6 means the worst bloating you can imagine.</i>	
7. List of food during the day	
8. How many tablespoons/saches of drug-free treatment ENTEROSGEL did you take in the last 24 hours?	
DAY 5	
1. How many bowel movements did you have in the last 24 hours?	
2. On a scale of 1-7, what was the score of your least formed bowel movement in the last 24 hours?	
3. With regard to your IBS symptoms of abdominal pain, on a scale of 0-10, what was your worst IBS-related abdominal pain over the last 24 hours? 'Zero' means you have no pain at all; 'Ten' means the worst possible pain you can imagine.	
4. Have you used any loperamide?	
5. Which other medications did you take in the last 24 hours and how many?	
6. With regards to your IBS symptoms of bloating on a scale 0-6 how bothersome was your IBS related bloating? <i>Zero means no bloating, 6 means the worst bloating you can imagine.</i>	
7. List of food during the day	
8. How many tablespoons/saches of drug-free treatment ENTEROSGEL did you take in the last 24 hours?	
DAY 6	
1. How many bowel movements did you have in the last 24 hours?	
2. On a scale of 1-7, what was the score of your least formed bowel movement in the last 24 hours?	
3. With regard to your IBS symptoms of abdominal pain, on a scale of 0-10, what was your worst IBS-related abdominal pain over the last 24 hours? 'Zero' means you have no pain at all; 'Ten' means the worst possible pain you can imagine.	
4. Have you used any loperamide?	
5. Which other medications did you take in the last 24 hours and how many?	
6. With regards to your IBS symptoms of bloating on a scale 0-6 how bothersome was your IBS related bloating? <i>Zero means no bloating, 6 means the worst bloating you can imagine.</i>	
7. List of food during the day	
8. How many tablespoons/saches of drug-free treatment ENTEROSGEL did you take in the last 24 hours?	



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DAY 7	
1. How many bowel movements did you have in the last 24 hours?	
2. On a scale of 1-7, what was the score of your least formed bowel movement in the last 24 hours?	
3. With regard to your IBS symptoms of abdominal pain, on a scale of 0-10, what was your worst IBS-related abdominal pain over the last 24 hours? 'Zero' means you have no pain at all; 'Ten' means the worst possible pain you can imagine.	
4. Have you used any loperamide?	
5. Which other medications did you take in the last 24 hours and how many?	
6. With regards to your IBS symptoms of bloating on a scale 0-6 how bothersome was your IBS related bloating? <i>Zero means no bloating, 6 means the worst bloating you can imagine.</i>	
7. List of food during the day	
8. How many tablespoons/saches of drug-free treatment ENTEROSGEL did you take in the last 24 hours?	
9. Evaluate if you have achieved an adequate relief of your IBS symptoms. Achieving adequate relief is another way of saying that compared with how you felt before starting the treatment, you feel that your IBS symptoms have satisfactory improved during the last 7 days?	
DAY 8	
1. How many bowel movements did you have in the last 24 hours?	
2. On a scale of 1-7, what was the score of your least formed bowel movement in the last 24 hours?	
3. With regard to your IBS symptoms of abdominal pain, on a scale of 0-10, what was your worst IBS-related abdominal pain over the last 24 hours? 'Zero' means you have no pain at all; 'Ten' means the worst possible pain you can imagine.	
4. Have you used any loperamide?	
5. Which other medications did you take in the last 24 hours and how many?	
6. With regards to your IBS symptoms of bloating on a scale 0-6 how bothersome was your IBS related bloating? <i>Zero means no bloating, 6 means the worst bloating you can imagine.</i>	
7. List of food during the day	
8. How many tablespoons/saches of drug-free treatment ENTEROSGEL did you take in the last 24 hours?	
DAY 9	
1. How many bowel movements did you have in the last 24 hours?	
2. On a scale of 1-7, what was the score of your least formed bowel movement in the last 24 hours?	
3. With regard to your IBS symptoms of abdominal pain, on a scale of 0-10, what was your worst IBS-related abdominal pain over the last 24 hours? 'Zero' means you have no pain at all; 'Ten' means the worst possible pain you can imagine.	
4. Have you used any loperamide?	
5. Which other medications did you take in the last 24 hours and how many?	
6. With regards to your IBS symptoms of bloating on a scale 0-6 how bothersome was your IBS related bloating? <i>Zero means no bloating, 6 means the worst bloating you can imagine.</i>	
7. List of food during the day	
8. How many tablespoons/saches of drug-free treatment ENTEROSGEL did you take in the last 24 hours?	



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DAY 10	
1. How many bowel movements did you have in the last 24 hours?	
2. On a scale of 1-7, what was the score of your least formed bowel movement in the last 24 hours?	
3. With regard to your IBS symptoms of abdominal pain, on a scale of 0-10, what was your worst IBS-related abdominal pain over the last 24 hours? 'Zero' means you have no pain at all; 'Ten' means the worst possible pain you can imagine.	
4. Have you used any loperamide?	
5. Which other medications did you take in the last 24 hours and how many?	
6. With regards to your IBS symptoms of bloating on a scale 0-6 how bothersome was your IBS related bloating? <i>Zero means no bloating, 6 means the worst bloating you can imagine.</i>	
7. List of food during the day	
8. How many tablespoons/saches of drug-free treatment ENTEROSGEL did you take in the last 24 hours?	
DAY 11	
1. How many bowel movements did you have in the last 24 hours?	
2. On a scale of 1-7, what was the score of your least formed bowel movement in the last 24 hours?	
3. With regard to your IBS symptoms of abdominal pain, on a scale of 0-10, what was your worst IBS-related abdominal pain over the last 24 hours? 'Zero' means you have no pain at all; 'Ten' means the worst possible pain you can imagine.	
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5. Which other medications did you take in the last 24 hours and how many?	
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7. List of food during the day	
8. How many tablespoons/saches of drug-free treatment ENTEROSGEL did you take in the last 24 hours?	
DAY 12	
1. How many bowel movements did you have in the last 24 hours?	
2. On a scale of 1-7, what was the score of your least formed bowel movement in the last 24 hours?	
3. With regard to your IBS symptoms of abdominal pain, on a scale of 0-10, what was your worst IBS-related abdominal pain over the last 24 hours? 'Zero' means you have no pain at all; 'Ten' means the worst possible pain you can imagine.	
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DAY 13	
1. How many bowel movements did you have in the last 24 hours?	
2. On a scale of 1-7, what was the score of your least formed bowel movement in the last 24 hours?	
3. With regard to your IBS symptoms of abdominal pain, on a scale of 0-10, what was your worst IBS-related abdominal pain over the last 24 hours? 'Zero' means you have no pain at all; 'Ten' means the worst possible pain you can imagine.	
4. Have you used any loperamide?	
5. Which other medications did you take in the last 24 hours and how many?	
6. With regards to your IBS symptoms of bloating on a scale 0-6 how bothersome was your IBS related bloating? <i>Zero means no bloating, 6 means the worst bloating you can imagine.</i>	
7. List of food during the day	
8. How many tablespoons/saches of drug-free treatment ENTEROSGEL did you take in the last 24 hours?	
DAY 14	
1. How many bowel movements did you have in the last 24 hours?	
2. On a scale of 1-7, what was the score of your least formed bowel movement in the last 24 hours?	
3. With regard to your IBS symptoms of abdominal pain, on a scale of 0-10, what was your worst IBS-related abdominal pain over the last 24 hours? 'Zero' means you have no pain at all; 'Ten' means the worst possible pain you can imagine.	
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