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| Table II. Rome III criteria for the diagnosisof irritable bowel syndrome (IBS) |
| Recurrent abdominal pain or discomfort (an uncomfortable sensation, not described as pain) for at least 3 days/month in the past 3 months associated with two or more of the following:        1. Improvement with defecation      2. Onset associated with a change in frequency of stool      3. Onset associated with a change in form (appearance) of stool  |