

Gut Pain Signaling Discussion Guide

Use this printable guide if you want a cleaner clinician conversation about whether your pattern sounds more like urgency-heavy serotonin signaling, visceral pain amplification, or a mixed gut-brain pattern.

Main Pattern Check

Mark the clues that fit best:

- Sudden bowel urgency
- Loose stool or fast transit
- Pain that feels louder than the gut event
- Symptoms that change with stress or anticipation
- Bloating or cramping that is hard to explain by one food trigger
- Fear of the next flare more than one predictable trigger

What to Bring Up

- Did low-FODMAP or food-trigger work help only partly?
- Is stool speed, pain intensity, or both the main burden now?
- Do symptoms change with stress, sleep loss, or routine disruption?
- Do I need a broader IBS-D medication discussion, a pain-focused plan, or another evaluation route?

Questions to Ask

- Does my symptom pattern fit urgency-heavy IBS-D, visceral hypersensitivity, or a mixed pattern?
- When does serotonin-related signaling matter clinically, and when does it not?
- If urgency improves but pain stays high, what is the next route?
- Are there red-flag symptoms that should change the plan?