

No.	CRF Name	Baseline	18 Month Follow Up	24 Month Follow Up	30 Month Follow Up	36 Month Follow Up	42 Month Follow Up	48 Month Follow Up	54 Month Follow Up	60 Month Follow Up	End of Study
12	RAPID		X M	X M	X M	X M	X M	X M	X M	X M	
14	HADS		X M	X M	X M	X M	X M	X M	X M	X M	
15	SF-36			X M		X M		X M		X M	
16	Functional Gastrointestinal Disorders - Rome III	X M		X M		X M		X M		X M	
34	Subject Contact Log	X M									
47	Inclusion Criteria Form	X M									
48	Concomitant Treatments		X M	X M	X M	X M	X M	X M	X M	X M	
49	Concomitant Medications		X M	X M	X M	X M	X M	X M	X M	X M	
50	Follow Up Resource Utilization Questionnaire		X M	X M	X M	X M	X M	X M	X M	X M	
51	Adverse Events		ORM								
52	End of Study										X M
53	Coping							X M		X M	
54	Patients' Global Impression of Change						X M	X M	X M	X M	
55	Pain Questionnaire						OM	OM	OM	OM	
X: Required O: Optional R: Repeatable M: Monitor Verify Required C: Conditional											