EPISOD Data Collection Schedule v7																								
			EPISOD																EPISOD 2					
Form #	Case Report Form	Baseline	Randomization & Treatment	1 Week FU +/- 3 d	1 Month FU +/- 7 d	2 Month FU +/- 7 d	3 Month FU +/- 7 d	4 Month FU +/- 7 d	5 Month FU +/- 7 d	6 Month FU +/- 7 d	7 Month FU +/- 7 d	8 Month FU +/- 7 d	9 Month FU +/- 7 d	10 Month FU +/- 7 d	11 Month FU +/- 7 d	12 Month FU +/- 7 d	Unscheduled Visit	Treatment	1 Month FU +/- 7 d	6 Month FU +/- 7 d	9 Month FU +/- 7 d	12 Month FU +/- 7 d	EPISOD2 Re-Intervention +/- 7 d	End of Study
00	Subject Enrollment Form	X																						
01	Inclusion Exclusion Criteria	X																						
03	Medical History	X																						
04	Prior Medications	X																						
05	Physical Examination	X															X							
06	Vitals	X															X							
07	Complete Blood Count (Baseline)	XM																						
08	Liver/Pancreas Test (Baseline)	XM																						
09	HCG Blood Serum-H.Pylori Test	X																						
10	Abdominal Imaging	X																						
11	MINI International Neuropsychiatric Interview	X																						
12	RAPID	X					X			X							X			X			X	
46	Monthly Abdominal Pain Assessment				X	X	X	X	X	X	X	X	X	X	X	X								
36	RAPID– Central Caller												X			X					X	X		
13	Beck's Depression Inventory II	X					X			X			X			X				X	X	X		
02	Functional Biliary Disorders Module	X																						
14	HADS	X					X			X			X			X				X	X	X		
19	Trauma Scale	X																						
20	Coping	X																						
16	Rome III Diagnostic Module	X																						
15	SF-36 (v2)	X					X			X			X			X	X			X	X	X		
21	Baseline Resource Utilization Questionnaire	X																						
39	RAPID START	X																						
38	Subject Personal Contact Information	X																						
34	Subject Follow-Up Contact Log	X																						
37	Subject Randomization Form– Unblinded		X																					
17	Sphincter of Oddi Manometry– Unblinded		X														X							
18	ERCP– Unblinded		X														X							
22	Concomitant Treatment/Procedure for SOD III		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X		
23	Concomitant Medications		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X		
25	Adverse Events	OR	OR	OR	OR	OR	OR	OR	OR	OR	OR	OR	OR	OR	OR	OR	OR		OR	OR	OR	OR	OR	
45	Adverse Events- Unblinded		OR																					
41	Subject Treatment Form- Unblinded		X																					
40	Post Procedure Labs		X																					
26	Follow Up Resource Utilization Questionnaire						X			X			X			X					X	X		
27	Review for Re-Intervention																X							
28	Liver/Pancreas Test (Follow Up)																X						X	
29	Complete Blood Count (Follow Up)																X							
30	Best Guess (Study Coordinator)			X	X		X			X			X			X	X							
31	Best Guess (Subject)			X	X		X			X			X			X	X							
32	Best Guess (Evaluating Physician)																X							
33	Unscheduled Clinic Assessment																X						X	
42	EPISOD2 Subject Treatment Form																	X					X	
43	EPISOD2 Sphincter of Oddi Manometry																	X					X	
44	EPISOD2 ERCP																	X					X	
24	Bill Tracking (UB-04)																							X
35	End of Study																							X