LEV-FU
IRRITABLE BOWEL SYNDROME STUDY **Page 1 of 1**

Patient Number	patid ☐☐☐	Date of Study Participant Visit/Contact visitm ☐☐ ☐☐ ☐☐☐☐ mmm dd yyyy
Protocol Number	study ☐☐☐	Institution Code instn ☐☐☐☐
Form Week week ☐☐	*Seq No. seqno ☐ **Step No. stepno ☐	Key Operator Code keyop ☐

This area completed by Clinic Staff only.

* Enter a '1' if this is the first of this form for this date. Designate subsequent forms on the same date with a 2, 3, etc.
** Enter the study participant's current study step number. Enter '1' if the study does not have multiple steps.

INSTRUCTIONS:
Please indicate whether any of the following events happened to you **DURING THE LAST 3 MONTHS**.
In some cases where an event HAS occurred during the last 3 months, further indicate if the experience was a good one or bad one for you. Please place an "**X**" over the circle that indicates your answer.

	1-Yes	2-No	
1. Death of a close friend or family member	O	O	mb101
2. Onset of a new health problem for you	O	O	mb102
3. New or worsening health problems of a close friend or family member (for example, illness or injury)	O	O	mb103
4. New or worsening relationship problems with a close friend or family member	O	O	mb104
5. Change in personal finances (for example, change in income) *(If No, skip to #6)* a. Overall, was this a good or bad experience for you?.... Good O 1 Bad O 2	O	O	mb105 mb106
6. Change in employment status (for example, change in job, retirement) *(If No, skip to #7)* a. Overall, was this a good or bad experience for you?.... Good O 1 Bad O 2	O	O	mb107 mb108
7. Significant setback at work or in school	O	O	mb109
8. Burglary or assault of yourself or a close friend or family member	O	O	mb110
9. Birth or adoption of a child or grandchild *(If No, skip to #10)* a. Overall, was this a good or bad experience for you?.... Good O 1 Bad O 2	O	O	mb111 mb112
10. Move to a different residence *(If No, skip to #11)* a. Overall, was this a good or bad experience for you?......... Good O 1 Bad O 2	O	O	mb113 mb114

11. Other than the events we have already asked about, have any other important NEGATIVE things happened to you or to a close friend or family member **during the last 3 months**? If yes, please describe up to three events, below. Please do not feel obliged to include an additional event or events unless they were significant.

   a. Event #1 [70~ _____ mb115

   b. Event #2 [70~ _____ mb116

   c. Event #3 [70~ _____ mb117

Date Form Keyed (DO NOT KEY): _____ / _____ / _____

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