

LEV-BL
IRRITABLE BOWEL SYNDROME STUDY

| | | | | | | | | |
|-----------------|-------|----------------------|---------------------------|--------|----------------------|----------------------|----------------------|----------------------|
| Patient Number | patid | <input type="text"/> | Date of Study Participant | visitm | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Protocol Number | study | <input type="text"/> | Visit/Contact | mmm | dd | yyyy | | |
| Form Week | week | <input type="text"/> | *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 6 MONTHS.** In some cases where an event HAS occurred during the last 6 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 | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 2. Onset of a new health problem for you | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 3. New or worsening health problems of a close friend or family member (for example, illness or injury) | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 4. New or worsening relationship problems with a close friend or family member | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 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?.... | <table border="1"> <tr> <td>Good</td> <td>Bad</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>1</td> <td>2</td> </tr> </table> | Good | Bad | <input type="radio"/> | <input type="radio"/> | 1 | 2 | <input type="radio"/> |
| Good | Bad | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | | | | | | | |
| 1 | 2 | | | | | | | |
| 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?.... | <table border="1"> <tr> <td>Good</td> <td>Bad</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>1</td> <td>2</td> </tr> </table> | Good | Bad | <input type="radio"/> | <input type="radio"/> | 1 | 2 | <input type="radio"/> |
| Good | Bad | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | | | | | | | |
| 1 | 2 | | | | | | | |
| 7. Significant setback at work or in school..... | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 8. Burglary or assault of yourself or a close friend or family member | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 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?.... | <table border="1"> <tr> <td>Good</td> <td>Bad</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>1</td> <td>2</td> </tr> </table> | Good | Bad | <input type="radio"/> | <input type="radio"/> | 1 | 2 | <input type="radio"/> |
| Good | Bad | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | | | | | | | |
| 1 | 2 | | | | | | | |
| 10. Move to a different residence | <input type="radio"/> | <input type="radio"/> | | | | | | |
| (If No, skip to #11) a. Overall, was this a good or bad experience for you?..... | <table border="1"> <tr> <td>Good</td> <td>Bad</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>1</td> <td>2</td> </tr> </table> | Good | Bad | <input type="radio"/> | <input type="radio"/> | 1 | 2 | |
| Good | Bad | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | | | | | | | |
| 1 | 2 | | | | | | | |
| 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 <u>during the last 6 months?</u> 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 | | | | | | | |

mb101
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