

**MFI-20****IRRITABLE BOWEL SYNDROME STUDY****Page 1 of 2**

Patient Number	[patid]	[ ]	[ ]	[ ]	Date of Study Participant	[visitm]	[ ]	[ ]	[ ]	[ ]
					Visit/Contact	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.*****INSTRUCTIONS:**

By means of the following statements we would like to get an idea of how you have been feeling lately. For example, consider the following statement:

**"I FEEL RELAXED"**

If you think that this is entirely true, that indeed you have been feeling relaxed lately, please place an X in the extreme left box; like this:

yes, that is						no, that is
true	X					not true

The more you disagree with the statement, the more you can place an X in the direction of "no, that is not true". Please, do not skip any items.

- |   |                   |                     |                      |
|---|-------------------|---------------------|----------------------|
| 1. I feel fit.  | yes, that is true | [ ] [ ] [ ] [ ] [ ] | no, that is not true |
| 2. Physically, I only feel able to do a little.             | yes, that is true | [ ] [ ] [ ] [ ] [ ] | no, that is not true |
| 3. I feel very active.                                      | yes, that is true | [ ] [ ] [ ] [ ] [ ] | no, that is not true |
| 4. I feel like doing all sorts of things.                   | yes, that is true | [ ] [ ] [ ] [ ] [ ] | no, that is not true |
| 5. I feel tired.  | yes, that is true | [ ] [ ] [ ] [ ] [ ] | no, that is not true |
| 6. I think I do a lot in a day.                             | yes, that is true | [ ] [ ] [ ] [ ] [ ] | no, that is not true |
| 7. When I am doing something, I can keep my thoughts on it. | yes, that is true | [ ] [ ] [ ] [ ] [ ] | no, that is not true |
| 8. Physically, I can take on a lot.                         | yes, that is true | [ ] [ ] [ ] [ ] [ ] | no, that is not true |
| 9. I dread having to do things.                             | yes, that is true | [ ] [ ] [ ] [ ] [ ] | no, that is not true |
| 10. I think I do very little in a day.                      | yes, that is true | [ ] [ ] [ ] [ ] [ ] | no, that is not true |

***This area completed by Clinic Staff only.***

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Pt. No. \*Seq. No. \*\*Step No. Date 

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11. I can concentrate well.

yes, that is  
trueno, that is  
not true

12. I am well-rested.

yes, that is  
trueno, that is  
not true13. It takes a lot of effort to  
concentrate on things.yes, that is  
trueno, that is  
not true14. Physically, I feel I am in bad  
condition.yes, that is  
trueno, that is  
not true

15. I have a lot of plans.

yes, that is  
trueno, that is  
not true

16. I tire easily.

yes, that is  
trueno, that is  
not true

17. I get very little done.

yes, that is  
trueno, that is  
not true18. I don't feel like doing  
anything.yes, that is  
trueno, that is  
not true

19. My thoughts easily wander.

yes, that is  
trueno, that is  
not true20. Physically, I feel I am in an  
excellent condition.yes, that is  
trueno, that is  
not true**This area  
completed by  
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