ATT

Instructions: We would like you to indicate below how much you believe, RIGHT NOW, that the type of therapy offered to you in the therapy session will help to reduce your IBS SYMPTOMS. This questionnaire is confidential; your responses will not be disclosed to your therapist.

Subject ID	Month	Day	Year	Week
0 0 0 0	0 0	0 0	0 0	0 0
1 1 1 1	1 1	1 1	1 1	1 1
2 2 2 2	2 2	2 2	2 2	2 2
3 3 3 3	3 3	3 3	3 3	3 3
4 4 4 4	4 4	4 4	4 4	4 4
5 5 5 5	5 5	5 5	5 5	5 5
6 6 6 6	6 6	6 6	6 6	6 6
7 7 7 7	7 7	7 7	7 7	7 7
8 8 8 8	8 8	8 8	8 8	8 8
9 9 9 9	9 9	9 9	9 9	9 9

1. At this point, how logical does the treatment offered to you seem?

1 2 3 4 5 6 7 8 9

not at all logical — somewhat logical — very logical

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2. At this point, how successfully do you think this treatment will be in reducing your IBS symptoms?

1 2 3 4 5 6 7 8 9

not at all useful — somewhat useful — very useful

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3. How confident would you be in recommending this treatment to a friend who experiences similar problems?

1 2 3 4 5 6 7 8 9

not at all confident — somewhat confident — very confident

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4. By the end of the therapy period, how much improvement in your IBS symptoms do you think will occur?

0 10 20 30 40 50 60 70 80 90 100

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

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5. At this point, how much do you really feel that therapy will help you to reduce your IBS symptoms?

1 2 3 4 5 6 7 8 9

not at all — somewhat — very much

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6. By the end of the therapy period, how much improvement in your IBS symptoms do you really feel will occur?

0 10 20 30 40 50 60 70 80 90 100

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%