

**RQ - 7****IRRITABLE BOWEL SYNDROME OUTCOME STUDY****Page 1 of 2**

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

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

The following questions ask you about your experiences with IBS symptoms **over the past 7 days**. Please read the following questions and write a response that best describes your IBS symptoms **over the past 7 days**.

1. **During the past 7 days**, on how many days did you experience abdominal pain/discomfort?..... [mb101]  
(write a number from 0 to 7 to indicate the number of days)
2. **During the past 7 days**, on how many days did you experience a sensation of bloating or abdominal fullness in your belly?..... [mb102]  
(write a number from 0 to 7 to indicate the number of days)
3. **During the past 7 days**, on how many days did you experience a sudden urge to rush to the toilet in order to move your bowels?..... [mb103]  
(write a number from 0 to 7 to indicate the number of days)
4. **During the past 7 days**, how many bowel movements did you have, in total?..... [mb104]  
(write a number to indicate the number of bowel movements)
5. **During the past 7 days**, on how many days did you have bowel movements that could be best characterized as separate hard lumps, like nuts (hard to pass)?..... [mb105]  
(write a number from 0 to 7 to indicate the number of days)
6. **During the past 7 days**, on how many days did you have bowel movements that could be best characterized as sausage shaped but lumpy?..... [mb106]  
(write a number from 0 to 7 to indicate the number of days)
7. **During the past 7 days**, on how many days did you have bowel movements that could be best characterized as fluffy pieces with ragged edges; a mushy stool?..... [mb107]  
(write a number from 0 to 7 to indicate the number of days)

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02-11-13



Pt. No.	<input type="text"/>	*Seq. No.	<input type="text"/>	**Step No.	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
						mmm	dd	yyyy	

8. **During the past 7 days**, on how many days did you have bowel movements that could be best characterized as watery with no solid pieces, entirely liquid?.....   
(write a number from 0 to 7 to indicate the number of days)

Using the scale below, please **choose the one number** that best describes the severity of the following:

0 1 2 3 4 5 6 7 8 9 10  
None Worst Possible

9. **During the past 7 days**, how severe was the WORST abdominal pain/discomfort you experienced?.....   
(write a number from 0 to 10 to indicate the severity)

10. **During the past 7 days**, ON AVERAGE, how severe was the abdominal pain/discomfort you experienced?.....   
(write a number from 0 to 10 to indicate the severity)

11. **During the past 7 days**, how severe was the WORST sensation of bloating or abdominal fullness in your belly that you experienced?.....   
(write a number from 0 to 10 to indicate the severity)

12. **During the past 7 days**, ON AVERAGE, how severe was the sensation of bloating or abdominal fullness in your belly that you experienced?.....   
(write a number from 0 to 10 to indicate the severity)

13. **During the past 7 days**, how severe was the WORST sudden urge you had to rush to the toilet in order to move your bowels?.....   
(write a number from 0 to 10 to indicate the severity)

14. **During the past 7 days**, ON AVERAGE, how severe was the sudden urge to rush to the toilet in order to move your bowels?.....   
(write a number from 0 to 10 to indicate the severity)

