

FDTT Data Collection

			Visit 1 Screening	Visit 2 Screening	Visit 3 Randomized	Visit 4 month 1 on RX	Visit 5 month 2 on RX	Visit 6 month 3 on RX	Visit 7 - 11 month 1-5 post med	Visit 12 6 months post med
Card #	Patient Reported	Questionnaires								
Card 9	Yes	Semi-Structured Interview (SSI)	x					x		x
Card 10	Yes	Bowel Disease Questionnaire (BDQ)	x							x
Card 11	Yes	Somatic Symptom Checklist (SSC)	x					x		x
Card 12	Yes	Functional Bowel Disorder Severity Index (FBDSI)	x							x
Card 13	Yes	Hospital Anxiety and Depression Score (HADS)	x					x		x
Card 14	Yes	Short Form 36 (SF-36)	x		x	x	x	x		
Card 15	Yes	Nepean Dyspepsia Index (NDI)	x		x	x	x	x		
Card 16	Yes	Gastrointestinal Symptom Rating Scale (GSRS)	x		x	x	x	x		x
Card 17	Yes	Profile of Mood States (POMS)	x					x		x
Card 18	Yes	State Trait Anxiety Inventory (STAI)	x					x		x
Card 19	Yes	Eating Disorder Examination Questionnaire (EDE-Q)	x					x		x
Card 21	Yes	Pittsburgh Sleep Quality Index (PSQI)	x					x		x
Scanned	Yes	Symptom Checklist (SCL-90-R)	x					x		x
Card 25	Yes	Clinical Global Impression (CGI)			x	x	x	x	x	x
Card 36	Yes	Early Trauma Inventory Self Report (ETISR-SF)								x
Card 37	Yes	Trauma (Questions from BDQ 4)								x
		Physiolgoical Data								
Card 23	No	Nutrient Drink Test		x				x		
Card 27	Yes	Nutrient Drink Test, Symptom Data (VAS)		x				x		
Card 26	No	Gastric Emptying		x				x		
Card 42	No	Gastric Accomodation (Mayo sites only)		x				x		
		Miscellaneous								
Card 1	No	Demographics/DNA consent	x							
Card 2	Yes	Medical History	x							
Card 33	Yes	Allergies	x							
Card 3	Yes	Concomitant Medications	x		x	x	x	x	x	x
Card 4	No	Exclusion criteria	x							
Card 5	No	FD DX, EGD result	x							
Card 6	No	Screening Vitals/Physical	x							
Card 8	No	ECG	x							
Card 28	Yes	Symptom Diaries	x	x	x	x	x	x		
Card 34	Yes	Primary Outcome data (adequate relief)			x	x	x	x		
Card 40	Yes	6 Month Follow-up Data							x	
Card 38	No	Full Drug Compliance/Accountability				x	x	x		
Card 39	No	Drug Levels				x				
Card 41	No	H pylori results	x							