

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	<input type="radio"/>
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
mb102
mb103
mb104
mb105
mb106
mb107
mb108
mb109
mb110
mb111
mb112
mb113
mb114

