08-30-10 QLW0163(IBSOS1)/06-15-10

## **MD RATING - BASELINE**

IRRITABLE BOWEL SYNDROME STU	DY Page 1 of 3
Patient Number patid Date of Study Particip	oant [visitm]
Protocol Number study Visit/Contact	mmm dd yyyy
Insti	tution Code [instn
Form Week week **Step No. stepno	Key Operator Code keyop
This area completed by Clinic Staff on	ılv

	EXCLUSION CRITERIA			
To be	e eligible, all answers should be a No response.	<b>YES</b> 1	<b>NO</b> 2	
	vidence of current structural or biochemical abnormalities that better explain the atient's IBS symptoms (e.g. IBD).	STOP		mb601
st sy	vidence of a current infection or infection of any type within the 2 weeks prior to the tudy gastroenterologists' evaluation which would obscure the presentation of IBS ymptoms. In such cases the baseline can be delayed until 2 weeks after complete ecovery.	STOP		mb602
S	tudy participant has received antibiotics (e.g. rifaximan and/or neomycin) pecifically targeted to treat IBS symptoms. In this instance, eligibility will be uspended 12 weeks from the initial date antibiotics were consumed.	STOP		mb603
Ca	tudy participant has undergone previous abdominal surgery that would have aused significant alteration of the anatomy/physiology of the digestive/GI tract which dequately explains GI symptoms.	STOP		mb604
	tudy participant has been diagnosed and/or treated for malignancy in the past 5 ears with exception of localized basal or squamous cell carcinomas of the skin.	STOP		mb605
or w tr	tudy participant has an unstable extraintestinal medical condition whose immediate r foreseeable treatment needs (e.g. hospitalization, conflicting physician visits) rould realistically interfere with study demands (e.g. consistent attendance at eatment sessions and/or ability to participate in telephone interventions) or may ffect the interpretation of clinical efficacy data.	STOP		mb606
	tudy participant has other conditions which in the opinion of the senior clinical staff rould influence negatively the conduct of the clinical trial.	STOP		mb607

CONTINUE ON NEXT PAGE

04-10-10/06-15-10/08-30/10



<sup>\*</sup> 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.

mb608

mb609

mb610

mb611 mb612

mb613

mb614

mb615

	MD RATING - BASELINE	QLW0163(I		08-30-10 )/06-15-10 <b>age 2 of 3</b>	
Pt. No.	*Seq. No. **Step No.	Date	dd [	уууу	]
	INCLUSION CRITERIA				
	<u> </u>	<u> </u>	VEC	NO	

INCLUSION CRITERIA		
To be eligible, all answers should be a Yes response.	YES 1	<b>NO</b> 2
8. The IBSOS includes all participants of either gender from any ethnic and/ or racial group between the ages of 18-70 (inclusive). Check "Yes" to confirm.		N/A
9. Does the participant meet Rome III criteria for IBS?		STOP
10. Does the participant experience moderate to severe IBS symptoms (symptom frequency ≥ 2 days/wk)?		STOP
11. Is the participant able to understand and provide informed consent?		STOP
12. With the exception of antibiotics, is the participant taking medications and willing to remain on a stable dose throughout the 4 week pretreatment baseline period prior to randomization?		STOP
13. Is the participant either not taking medications or if taking medications, is the participant willing to suspend starting any new medications during the initial 4 week pretreatment baseline period?		STOP
14. Is the participant able to speak and read English at the sixth grade level or higher?		STOP

FORMAL DIAGNOSIS
15. Does this patient meet the formal Rome III diagnosis of any of the following:
1□ IBS
2 Functional Diarrhea
3 Functional Constipation
4└── Functional Abdominal Pain
5 ☐ Other, please spec <sup>if</sup> " 6 ☐ Provisional diagnos mb616 warranted) [70]:
mb617 7□ NO, specify reason(s) for ineligibility [70]:
mb618

CONTINUE ON NEXT PAGE

04-10-10/06-15-10/08-30-10



08-30-10 QLW0163(IBSOS1)/06-15-10 **MD RATING - BASELINE** Page 3 of 3 Pt. No. \*\*Step No. \*Seq. No. Date dd mmm уууу **IBS CLASSIFICATION** 16. If the participant meets ROME III criteria for IBS, choose one of the following to describe the subject's predominant stool pattern over the last 3-6 months. (Check one) mb619 **IBS-C (IBS Constipation)** Hard or lumpy stools greater than or equal to 25% and loose (mushy) or watery stools less than 25% of bowel movements. Loose (mushy) or watery stools greater than or equal to 25% and hard IBS-D (IBS Diarrhea) ..... or lumpy stools less than 25% of bowel movements. Hard or lumpy stools greater than or equal to 25% and loose (mushy) IBS-M (IBS Mixed) ..... or watery stools greater than or equal to 25% of bowel movements. 4  $\square$ **IBS-U (IBS Unsubtyped)** Insufficient abnormality of stool consistency to meet criteria for IBS-C, IBS-D, or IBS-M. **SEVERITY OF ILLNESS** 17. Considering the study participant's overall well-being and symptoms of pain / discomfort and altered bowel habits as well as your total clinical experience with patients with IBS, how ill is this study participant now? (Check one) Not Assessed mb620 Normal, not ill Minimally ill Mildly ill Moderately ill Markedly ill Severely ill Among the most severely ill **CLINICIAN'S IMPACT RATING** 18. Circle the ONE number that reflects your estimation of the impact of subject's symptoms using the scale below. Do not ask patient for self-ratings. 6 Slightly Definitely None Markedly Very mb621 severely disturbing/ disturbing/ disturbing/ not really disabling disabling disturbing/ disturbing disabling Date Form Keyed (DO NOT KEY): \_\_\_\_\_/ \_\_\_\_/ 04-10-10/06-15-10/08-30-10

