

MFI-20

IRRITABLE BOWEL SYNDROME STUDY

Patient Number	[patid] <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	Date of Study Participant Visit/Contact	[visitm] <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>
Protocol Number	[study] <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>		mmm dd yyyy
		Institution Code	[instn] <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>
Form Week	[week] <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	*Seq No.	[seqno] <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>
		**Step No.	[stepno] <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>
		Key Operator Code	[keyop] <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>

This area completed by Clinic Staff only.

INSTRUCTIONS:

By means of the following statements we would like to get an idea of how you have been feeling lately. For example, consider the following statement:

"I FEEL RELAXED"

If you think that this is entirely true, that indeed you have been feeling relaxed lately, please place an X in the extreme left box; like this:

yes, that is true	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	no, that is not true
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The more you disagree with the statement, the more you can place an X in the direction of "no, that is not true". Please, do not skip any items.

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|---|-------------------|--|----------------------|
| 1. I feel fit. | yes, that is true | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | no, that is not true |
| 2. Physically, I only feel able to do a little. | yes, that is true | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | no, that is not true |
| 3. I feel very active. | yes, that is true | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | no, that is not true |
| 4. I feel like doing all sorts of things. | yes, that is true | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | no, that is not true |
| 5. I feel tired. | yes, that is true | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | no, that is not true |
| 6. I think I do a lot in a day. | yes, that is true | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | no, that is not true |
| 7. When I am doing something, I can keep my thoughts on it. | yes, that is true | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | no, that is not true |
| 8. Physically, I can take on a lot. | yes, that is true | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | no, that is not true |
| 9. I dread having to do things. | yes, that is true | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | no, that is not true |
| 10. I think I do very little in a day. | yes, that is true | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | no, that is not true |

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Pt. No. *Seq. No. **Step No. Date
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- | | | | |
|--|-------------------|---|----------------------|
| 11. I can concentrate well. | yes, that is true | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | no, that is not true |
| 12. I am well-rested. | yes, that is true | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | no, that is not true |
| 13. It takes a lot of effort to concentrate on things. | yes, that is true | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | no, that is not true |
| 14. Physically, I feel I am in bad condition. | yes, that is true | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | no, that is not true |
| 15. I have a lot of plans. | yes, that is true | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | no, that is not true |
| 16. I tire easily. | yes, that is true | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | no, that is not true |
| 17. I get very little done. | yes, that is true | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | no, that is not true |
| 18. I don't feel like doing anything. | yes, that is true | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | no, that is not true |
| 19. My thoughts easily wander. | yes, that is true | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | no, that is not true |
| 20. Physically, I feel I am in an excellent condition. | yes, that is true | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | no, that is not true |

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