RQ - 14

IRRITABLE BOWEL SYNDROME OUTCOME STUDY	Page 1 of 2						
Patient Number patid Date of Study Participant hdi	rm dd vyyy						
Protocol Number study Institution Cod							
Form Week week *Seq No. seqno **Step No. stepno Key Op	perator Code keyop						
This area completed by Clinic Staff only.							
INSTRUCTIONS: The following questions ask you about your experiences with IBS symptoms over the past 2 weeks (14 days). Please read the following questions and write a response that best describes your IBS symptoms over the past 2 weeks (14 days).							
During the past 2 weeks (14 days), on how many days did you experience abdominal pain/discomfort?	(write a number from 0 to 14 to indicate the number of days)						
2. During the past 2 weeks (14 days) , on how many days did you experience a sensation of bloating or abdominal fullness in your belly?	(write a number from 0 to 14 to indicate the number of days)						
3. During the past 2 weeks (14 days) , on how many days did you experience a sudden urge to rush to the toilet in order to move your bowels?	mb203 (write a number from 0 to 14 to indicate the number of days)						
4. During the past 2 weeks (14 days), how many bowel movements did you have, in total?	[mb204] (write a number to indicate the number of bowel movements)						
 During the past 2 weeks (14 days), on how many days did you have bowel that could be best characterized as separate hard lumps, like nuts (hard to page 1). 							
 During the past 2 weeks (14 days), on how many days did you have bowel movements that could be best characterized as sausage shaped but lu 	mb206 (write a number from 0 to 14 to indicate the number of days)						
7. During the past 2 weeks (14 days) , on how many days did you have bowel movements that could be best characterized as fluffy pieces with ragged edges; a mushy stool?	(write a number from 0 to 14 to indicate the number of days)						

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Pt. N	lo.			*Seq. N	lo. 🗌		RQ - 14 **Step l	No. [Date	; <u> </u>	W0230			$2 - 1^{2}$	2
8.	During the bowel mowith no so	vements t	hat c	ould be	best c	chara	cterized	as wa	atery			(write	 a numb		08 10 to	14
Us	ing the sca	ale below,	pleas	se choc	se the	e one	numbe	r that	best d	lescrib	es the	e severi	ty of th	ne fol	lowi	ng:
		0 None	1	2	3	4	5	6	7	8	9	10 Worst	Possil	ole		
9.	During th WORST a	ne past 2 abdominal										(write	 a numb icate the		1 0 to	10
10.	During th severe wa	ne past 2 as the abd										(write	 a numb icate the		0 to	10
11.	During the sensation	ne past 2 of bloatin									rience	(write	 a numb icate the		1 0 to	10
12.	During the sensation	ne past 2 of bloatin										(write	 a numb icate the		 1 0 to	10
13.	During the sudden u	ne past 2 rge you ha									s?	(write	 a numb icate the		0 to	10
14.	<i>During th</i> sudden u	ne past 2 rge to rush											 a numb	mb2		10

Date Form Keyed (DO NOT KEY): _____/ ____/

to indicate the severity)