QLW0229(IBSOS1)/02-11-13 RQ - 7 IRRITABLE BOWEL SYNDROME OUTCOME STUDY Page 1 of 2 Date of Study Participant Patient Number patid hdrm Visit/Contact mmm dd Protocol Number study Institution Code instn *Seq No. seano **Step No. stepno Key Operator Code keyop Form Week week This area completed by Clinic Staff only. **INSTRUCTIONS**: The following questions ask you about your experiences with IBS symptoms over the past 7 days. Please read the following questions and write a response that best describes your IBS symptoms over the past 7 days. 1. During the past 7 days, on how many days did you experience mb101 abdominal pain/discomfort?..... (write a number from 0 to 7 to indicate the number of days) 2. During the past 7 days, on how many days did you experience mb102 a sensation of bloating or abdominal fullness in your belly?..... (write a number from 0 to 7 to indicate the number of davs) 3. During the past 7 days, on how many days did you experience mb103 a sudden urge to rush to the toilet in order to move your bowels?..... (write a number from 0 to 7 to indicate the number of days) 4. During the past 7 days, how many bowel movements mb104 did you have, in total?..... (write a number to indicate the number of bowel movements) 5. During the past 7 days, on how many days did you have bowel movements mb105 that could be best characterized as separate hard lumps, like nuts (hard to pass)?...... (write a number from 0 to 7 to indicate the number of days) 6. During the past 7 days, on how many days did you have bowel movements mb106 that could be best characterized as sausage shaped but lumpy?..... (write a number from 0 to 7 to indicate the number of days) 7. During the past 7 days, on how many days did you have bowel movements that could be best characterized as mb107 fluffy pieces with ragged edges; a mushy stool?..... (write a number from 0 to 7 to indicate the number of days)

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Pt. No. Seq. No. *Step No. Da	ate mmm dd yyyy
 During the past 7 days, on how many days did you have bowel movements that could be best characterized as watery with no solid pieces, entirely liquid? 	(write a number from 0 to 7 to indicate the number of days)
Using the scale below, please choose the one number that best describes the severity of the following:	
0 1 2 3 4 5 6 7 8 None	9 10 Worst Possible
 During the past 7 days, how severe was the WORST abdominal pain/discomfort you experienced? 	mb109
	(write a number from 0 to 10 to indicate the severity)
10. <i>During the past 7 days</i> , ON AVERAGE, how severe was the abdominal pain/discomfort you experienced?	
	(write a number from 0 to 10 to indicate the severity)
11. During the past 7 days, how severe was the WORST sensation of bloating or abdominal fullness in your belly that you experienced?	mb111
	(write a number from 0 to 10 to indicate the severity)
12. <i>During the past 7 days</i> , ON AVERAGE, how severe was the sensation of bloating or abdominal fullness in your belly that you ex	perienced? (write a number from 0 to 10 to indicate the severity)
13. <i>During the past 7 days</i> , how severe was the WORST sudden urge you had to rush to the toilet in order to move your bowels?	
14. <i>During the past 7 days,</i> ON AVERAGE, how severe was the sudd to rush to the toilet in order to move your bowels?	

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

