QLW0231(IBSOS1)/02-11-13

## **RQ - TYPICAL WEEK**

	IRRITABLE BOWEL SYNDROME OUTCOME STUDY	Page 1 of 2
	Patient Number patid Date of Study Participant hdrr Visit/Contact	
	Protocol Number study Institution Cod	nm dd yyyy e instn
	Form Week week *Seq No. seqno **Step No. stepno Key Ope	
This area completed by Clinic Staff only.		
INSTRUCTIONS: The following questions ask you about your experiences with IBS symptoms <i>in a typical week</i> . Please read the following questions and write a response that best describes your IBS symptoms <i>in a typical week</i> .		
	In a typical week, on how many days did you experience     abdominal pain/discomfort?	mb301
	2. In a typical week, on how many days did you experience a sensation of bloating or abdominal fullness in your belly?	(write a number from 0 to 7 to ndicate the number of days)
		mb303  write a number from 0 to 7 to ndicate the number of days)
		mb304 mb304 write a number to indicate the number of bowel movements)
		write a number from 0 to 7 to ndicate the number of days)
		write a number from 0 to 7 to indicate the number of days)
	·	mb307 (write a number from 0 to 7 to ndicate the number of days)

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Date Form Keyed (DO NOT KEY): \_\_\_\_\_/ \_\_\_\_/

