

IBS TREATMENT SUITABILITY AND PATIENT EXPECTATION FORM

Therapist Version

Therapist	Subject ID	Month	Day	Year	Week
0 0 0	0 0 0 0	0 0	0 0	0 0	0 0
1 1 1	1 1 1 1	1 1	1 1	1 1	1 1
2 2 2	2 2 2 2	2 2	2 2	2 2	2 2
3 3 3	3 3 3 3	3 3	3 3	3 3	3 3
4 4 4	4 4 4 4	4 4	4 4	4 4	4 4
5 5 5	5 5 5 5	5 5	5 5	5 5	5 5
6 6 6	6 6 6 6	6 6	6 6	6 6	6 6
7 7 7	7 7 7 7	7 7	7 7	7 7	7 7
8 8 8	8 8 8 8	8 8	8 8	8 8	8 8
9 9 9	9 9 9 9	9 9	9 9	9 9	9 9

1. How suitable do you think the assigned treatment is for this patient's IBS symptoms?

0	1	2	3	4	5	6	7	8	9	10
Not at all			Moderate				Extremely Suitable			

2. How successful do you think the assigned treatment will be for this patient's IBS symptoms?

0	1	2	3	4	5	6	7	8	9	10
Not at all			Moderate				Completely Successful			

3. Based on your experience treating IBS patients, your clinical skills, and approach, what treatment condition would provide this patient the greatest likelihood of therapeutic benefit for his/her IBS symptoms? :

- 1 Standard CBT
- 2 Education and Supportive Psychotherapy
- 3 Minimal Contact CBT