## TSRQ (B)

The following questions relate to your reasons for participating in the IBS Treatment Program and following its procedures. Please read each statement below and consider how true that reason is for you. Blacken the circle that corresponds to your choice.

		11	ie scale is.	•		
1	2	3	4	5	6	7
not at all true			somewhat true	İ		very true

Subject ID
0 0 0
1 1 1 1
2 2 2 2
3 3 3 3
4 4 4 4
5 5 5 5
6 6 6 6
7777
8 8 8 8
9999

Month	Day	Year	Week
0 0	0 0	0 0	0 0
1 1	1 1	1 1	1 1
2 2	2 2	2 2	2 2
3 3	3 3	3 3	3 3
4 4	4 4	4 4	4 4
5 5	5 5	5 5	5 5
6 6	6 6	6 6	6 6
77	77	77	77
88	8 8	8 8	88
99	9 9	9 9	9 9

The reason I would continue to apply self-management skills for IBS is	not at all true			somewhat true			very true
Because I feel that I want to take responsibility for my own GI health.	1	2	3	4	5	6	7
2. Because I would feel guilty or ashamed of myself if I didn't.	1	2	3	4	5	6	7
3. Because I personally believe it is the best thing for my health.	1	2	3	4	5	6	7
4. Because others would be upset with me if I didn't.	1	2	3	4	(5)	6	7
5. I really don't think about it.	1	2	3	4	5	6	7
6. Because I have carefully thought about it and believe it is very important for many aspects of my life.	1	2	3	4	(5)	6	7
7. Because I would feel bad about myself if I didn't.	1	2	3	4	5	6	7
8. Because it is an important choice I really want to make.	1	2	3	4	5	6	7
9. Because I feel pressure from others to take control of my IBS symptoms.	1	2	3	4	5	6	7
10. Because it is easier to do what I am told than think about it.	1	2	3	4	5	6	7
11. Because it is consistent with my life goals.	1	2	3	4	5	6	7
12. Because I want others to approve of me.	1	2	3	4	5	6	7
13. Because it is very important for being as healthy as possible.	1	2	3	4	5	6	7
14. Because I want others to see I can do it.	1	2	3	4	5	6	7
15. I don't really know why.			3	4	5	6	7