

WAI - SR - Patient

Instructions: Below is a series of statements about experiences people might have with their IBS therapy or therapist. Some items refer directly to your therapist with an underlined space - as you read the sentences, mentally insert the name of your therapist in the place of _____ in the text. For each statement, please take your time to consider your own experience and then fill in the appropriate bubble.

Important: The rating scale is not the same for all the statements. PLEASE READ CAREFULLY!

Subject ID			
0	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
7	7	7	7
8	8	8	8
9	9	9	9

Month	Day	Year
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Week
0
1
2
3
4
5
6
7
8
9

1. As a result of these sessions I am clearer as to how I might be able to change.

1 Seldom
 2 Sometimes
 3 Fairly Often
 4 Very Often
 5 Always

2. What I am doing in therapy gives me new ways of looking at my IBS problem.

1 Seldom
 2 Sometimes
 3 Fairly Often
 4 Very Often
 5 Always

3. I believe _____ likes me.

5 Always
 4 Very Often
 3 Fairly Often
 2 Sometimes
 1 Seldom

4. _____ and I collaborate on setting goals for my IBS therapy.

1 Seldom
 2 Sometimes
 3 Fairly Often
 4 Very Often
 5 Always

5. _____ and I respect each other.

5 Always
 4 Very Often
 3 Fairly Often
 2 Sometimes
 1 Seldom

6. _____ and I are working towards mutually agreed upon goals.

5 Always
 4 Very Often
 3 Fairly Often
 2 Sometimes
 1 Seldom

7. I feel that _____ appreciates me.

5 Always
 4 Very Often
 3 Fairly Often
 2 Sometimes
 1 Seldom

8. _____ and I agree on what is important for me to work on.

1 Seldom
 2 Sometimes
 3 Fairly Often
 4 Very Often
 5 Always

9. I feel _____ cares about me even when I do things that he/she does not approve of.

5 Always
 4 Very Often
 3 Fairly Often
 2 Sometimes
 1 Seldom

10. I feel that the things I do in IBS therapy will help me to accomplish the changes that I want.

1 Seldom
 2 Sometimes
 3 Fairly Often
 4 Very Often
 5 Always

11. _____ and I have established a good understanding of the kind of changes that would be good for me.

1 Seldom
 2 Sometimes
 3 Fairly Often
 4 Very Often
 5 Always

12. I believe the way we are working with my IBS problem is correct.

5 Always
 4 Very Often
 3 Fairly Often
 2 Sometimes
 1 Seldom