

Minimal Patient Data

Study ID

Consent Information

(YYYY-MM-DD)

Date subject signed consent

(YYYY-MM-DD)

Contact Information

First Name

Last Name

Date of birth

Sex

- ☐ Female
☐ Male
☐ Nonbinary
☐ Other
☐ Prefer Not to Say

Participant Code

Secondary PreTest/PostTest Surveys

Please complete the survey below.

Thank you!

SF-36

	Choice 1	Choice 2	Choice 3
survey question 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 31	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

survey question 34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
survey question 36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[illegible]

(Place a mark on the scale above)

☐ Yes ☐ No

- ☐ Deleted
- ☐ Completed
- ☐ Incomplete

Serialized Result

Secondary Weekly Data

Abdominal Pain ☐ 0
0 is none, 1 mild, 2 moderate, 3 severe, and 4 is
incapacitating ☐ 1
☐ 2
☐ 3
☐ 4

Stool consistency ☐ 1
On a scale of 1-7 according to the Bristol stool form
scale ☐ 2
☐ 3
1 is separate hard lumps ☐ 4
2 is sausage shaped but lumpy ☐ 5
3 is like asausage or a snake but with cracks ☐ 6
4 is like a sausage or asnake, smooth and soft ☐ 7
5 is soft blobs with clear-cut edges
6 is fluffy pieces with ragged edges, a mushy stool
7 is watery, no solid pieces

Straining ☐ 0
0 = No ☐ 1
1 = Yes

Urgency ☐ 0
0 = No ☐ 1
1 = Yes

Feeling of incomplete defecation ☐ 0
0 = No ☐ 1
1 = Yes

Bloating ☐ 0
0 = No ☐ 1
1 = Yes

Passage of Mucus ☐ 0
0 = No ☐ 1
1 = Yes

Vomiting ☐ 0
0 = None ☐ 1
1 = Mild ☐ 2
2 = Moderate ☐ 3
3 = Severe ☐ 4
4 = Incapacitating

Heartburn ☐ 0
0 = None ☐ 1
1 = Mild ☐ 2
2 = Moderate ☐ 3
3 = Severe ☐ 4
4 = Incapacitating

Early Satiety ☐ 0
0 = None ☐ 1
1 = Mild ☐ 2
2 = Moderate ☐ 3
3 = Severe ☐ 4
4 = Incapacitating

Postprandial Fullness ☐ 0
0 = None ☐ 1
1 = Mild ☐ 2
2 = Moderate ☐ 3
3 = Severe ☐ 4
4 = Incapacitating

Sensation of prolonged digestion ☐ 0
0 = None ☐ 1
1 = Mild ☐ 2
2 = Moderate ☐ 3
3 = Severe ☐ 4
4 = Incapacitating

Nausea ☐ 0
0 = None ☐ 1
1 = Mild ☐ 2
2 = Moderate ☐ 3
3 = Severe ☐ 4
4 = Incapacitating

Start Date

End Date

Schedule Date

Status ☐ Deleted
☐ Completed
☐ Incomplete

Supplemental Data (JSON)

Serialized Result

UUID

Primary Daily Data

Daily Number of Stools

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 |
| <input type="radio"/> 8 | <input type="radio"/> 9 | <input type="radio"/> 10 | <input type="radio"/> 11 |
| <input type="radio"/> 12 | <input type="radio"/> 13 | <input type="radio"/> 14 | <input type="radio"/> 15 |
| <input type="radio"/> 16 | <input type="radio"/> 17 | <input type="radio"/> 18 | <input type="radio"/> 19 |
| <input type="radio"/> 20 | <input type="radio"/> 21 | <input type="radio"/> 22 | <input type="radio"/> 23 |
| <input type="radio"/> 24 | <input type="radio"/> 25 | <input type="radio"/> 26 | <input type="radio"/> 27 |
| <input type="radio"/> 28 | <input type="radio"/> 29 | <input type="radio"/> 30 | <input type="radio"/> 31 |
| <input type="radio"/> 32 | <input type="radio"/> 33 | <input type="radio"/> 34 | <input type="radio"/> 35 |
| <input type="radio"/> 36 | <input type="radio"/> 37 | <input type="radio"/> 38 | <input type="radio"/> 39 |
| <input type="radio"/> 40 | <input type="radio"/> 41 | <input type="radio"/> 42 | <input type="radio"/> 43 |
| <input type="radio"/> 44 | <input type="radio"/> 45 | <input type="radio"/> 46 | <input type="radio"/> 47 |
| <input type="radio"/> 48 | <input type="radio"/> 49 | <input type="radio"/> 50 | |

UUID

Start Date

End Date

Schedule Date

Status

- ☐ Deleted
☐ Completed
☐ Incomplete

Supplemental Data (JSON)

Serialized Result