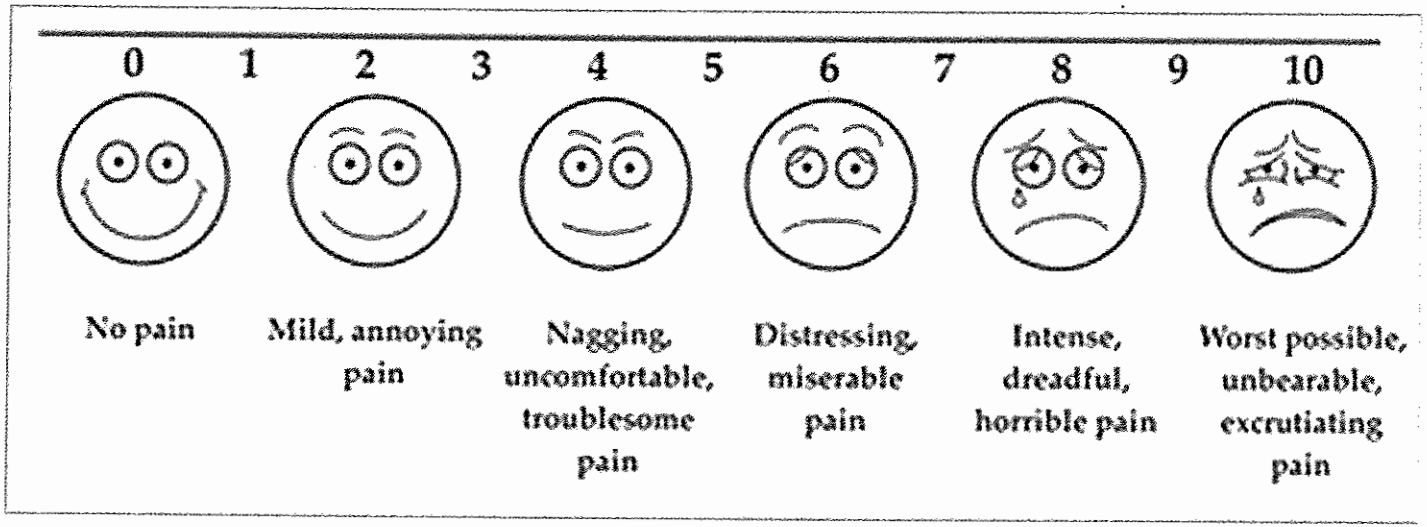
SUBJECT ID: 1001 Visit # (A-E) D VISIT DATE: 8/24/21

DATE INFOMRED CONSENT SIGNED: ___/___/___

Participant Worksheet

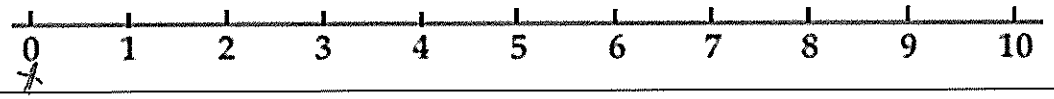
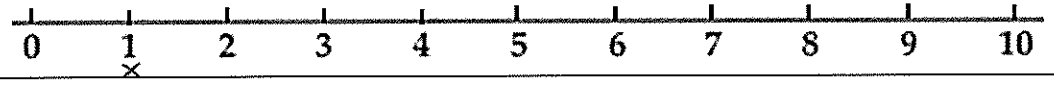
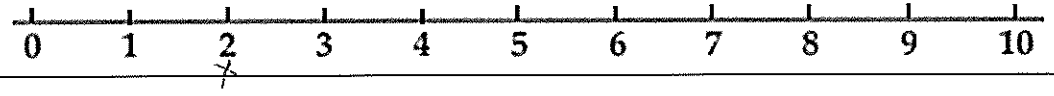
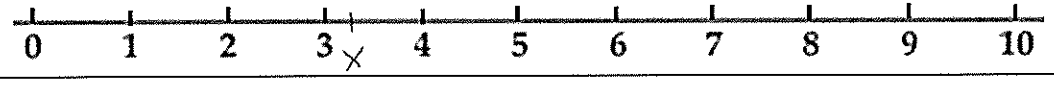
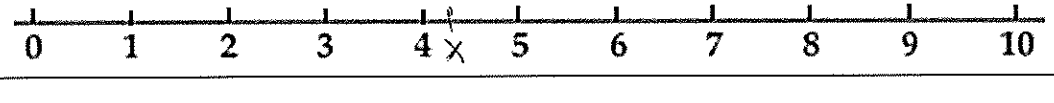
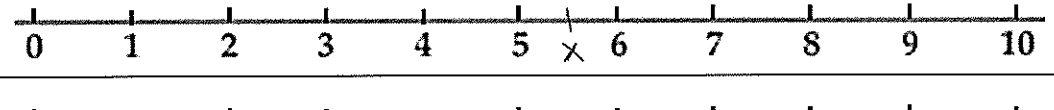
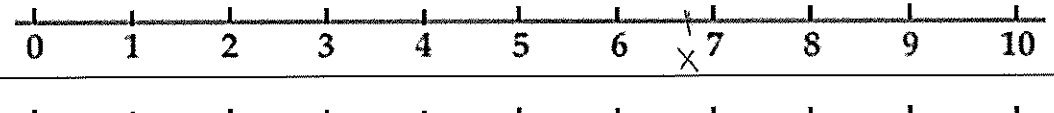
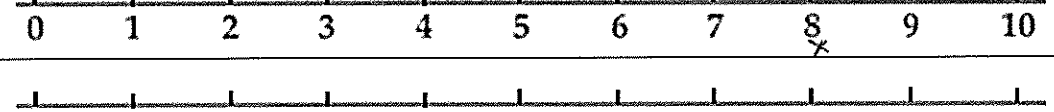
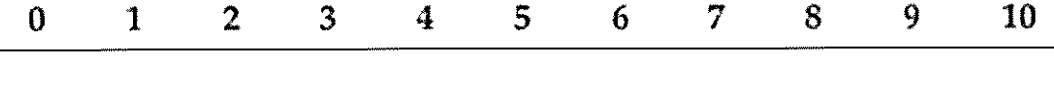
About once per minute, you will be asked to mark the level of pain or discomfort you are experiencing. Marks should be placed in the second column, after making a mark in one box, please move down to the next box. For your reference, there is a visual analog scale (VAS) chart with brief descriptions of VAS levels below. In columns 3, 4, or 5, please mark the **first** distension you experience the following sensations: first sensation, urge to defecate, and maximum tolerance.



SUBJECT ID: _____ Visit # (A-E) ____ VISIT DATE: ___/___/___

DATE INFOMRED CONSENT SIGNED: ___/___/___

Distention 1:

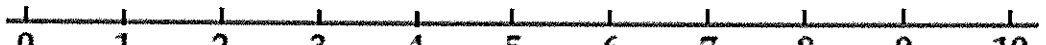
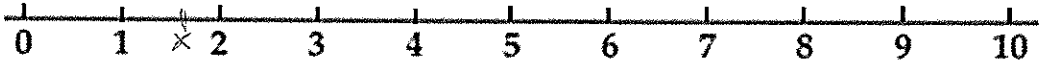
Distention Number	VAS score (0-10)	First sensation	Urge to defecate	Maximum tolerance
1		☐	☐	☐
2		☒	☐	☐
3		☐	☐	☐
4		☐	☒	☐
5		☐	☒	☐
6		☐	☐	☐
7		☐	☐	☐
8		☐	☐	☐
9		☐	☐	☒
10		☐	☐	☐

SUBJECT ID: _____ Visit # (A-E) ____ VISIT DATE: ___/___/___

DATE INFOMRED CONSENT SIGNED: ___/___/___

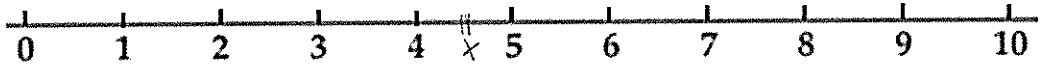
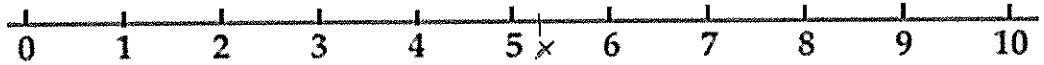
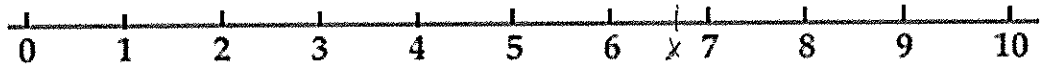
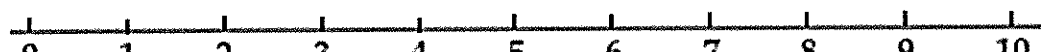
11		☐	☐	☐
12		☐	☐	☐

Distention 2:

Distention Number	VAS score (0-10)	First sensation	Urge to defecate	Maximum tolerance
1		☐	☐	☐
2		☐	☐	☐
3		☑	☐	☐
4		☐	☐	☐
5		☐	☐	☐
6		☐	☐	☐

SUBJECT ID: _____ Visit # (A-E) ____ VISIT DATE: ___/___/___

DATE INFOMRED CONSENT SIGNED: ___/___/___

7		☐	☒	☐
8		☐	☐	☐
9		☐	☐	☐
10		☐	☐	☐
11		☐	☐	☒
12		☐	☐	☐