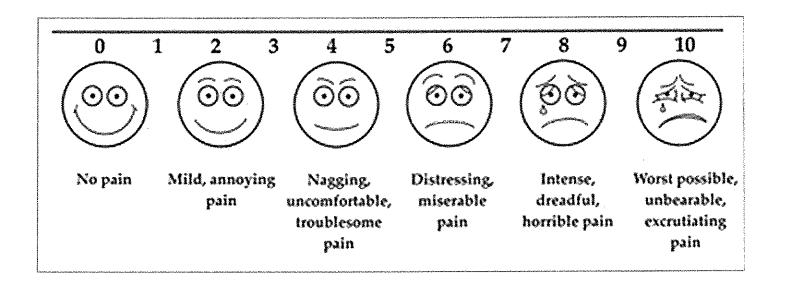
SUBJECT ID: Visit # (1-5) VISIT DATE: 7,77, 2/
DATE INFOMRED CONSENT SIGNED: 7,77,21

## **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 <u>first</u> distension you experience the following sensations: first sensation, urge to defecate, and maximum tolerance.



SUBJECT ID:	Visit # (1-5)	VISIT DATE://
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## Distention 1:

Pressure mmHg	VAS score (0-10)	First sensation	Urge to defecate	Maximum tolerance
5	0 1 2 3 4 5 6 7 8 9 10	· P		
10	0 1 2 3 4 5 6 7 8 9 10	100		
15	0 1 2/3 //4 5 6 7 8 9 10	×		
20	0 1 2 3 X 4 5 6 7 8 9 10			
25	$\begin{array}{cccccccccccccccccccccccccccccccccccc$		烟	
30	0 1 2 3 4 5 6 × 7 8 9 10		Q	
35	0 1 2 3 4 5 6 7 8 9 10		Ŋ	
40	0 1 2 3 4 5 6 7 8 9 10			
45	0 1 2 3 4 5 6 7 8 9 10			
50	0 1 2 3 4 5 6 7 8 9 10			

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## Distention 2:

Pressure mmHg						VAS s (0-1						First sensation	Urge to defecate	Maximum tolerance
5	0	1	2	3	4	<u> </u>	6	7	8	9	10			
10	0	1		3	4	5	6	7	8	9	10	₩		
15	0	1	2	3	4	5	6	7	8	9	10			
20	0	1	2	3	4 <sub>x</sub>	5	6	7	8	9	10		<b>₩</b>	
25	0	1	2	3	4	5 <sub>X</sub>	6	7	8	9	10			
30	0	1	2	3	4	5	6	7	8	9	10			

SUBJECT ID:	Visit # (1-5)	VISIT DATE:/

DATE INFOMRED CONSENT SIGNED: \_\_\_/\_\_/\_\_

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			1								L.		
35	0	1	2	3	4	5	6	7	8	9	10		 
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40	l	1	2	3	4	5	6	7	8	9	10		
										ı			
45	0	1	l	3	4	 5	6	7		9	10		
								L			l		
50	0	1	2	3	4	5	6	7	8	9	10		
					<u></u>					1	1		
55						5	6	7	8	9	10		
	0	1	2	3	4	<u> </u>						<del>                                     </del>	
				1			1				-		
60	0	1	2	3	4	5	6	7	8	9	10		

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