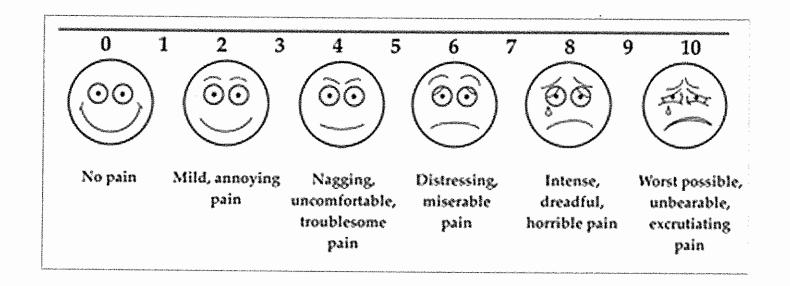
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Participant Worksheet

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.



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Distention 1:

Distention	VAS score	First	Urge to	Maximum
Number	(0-10)	sensation	defecate	tolerance
1	$\frac{1}{9}$ 1 2 3 4 5 6 7 8 9 10			
2	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	Ą		
3	0 1 2 3 4 5 6 7 8 9 10			
4	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		Ā	
5	0 1 2 3 4 × 5 6 7 8 9 10		À	
6	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
7	0 1 2 3 4 5 6 ×7 8 9 10			
8	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
9	0 1 2 3 4 5 6 7 8 9 10			Ø
10	0 1 2 3 4 5 6 7 8 9 10			

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11		1		3	icamoria Lugacia. 4		<u>1</u> 6	7	8	9	10		
12	0	1	2	3	4	<u></u> 5	6				10		

Distention 2:

Distention Number					· · · · · · · · · · · · · · · · · · ·	VAS so (0-1						First sensation	Urge to defecate	Maximum tolerance
1	0 ×	1	2	3	4		6		8	9	10			
2	0 _X	<u>I</u>	2	3	4	5		7	8	9	10			
3	0	1					6	7	8	9	10			
4	0	1	× 2	3	4	5	<u>_</u> 6	7	8	9	10			
5	0	1	2 $_{\lambda}$	3	4	5	6	7	8	9	10			
6	0	1	2	3	4	5	6		8	9	10			

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7	0	1	2	3	4	, j , 5	6	L		9	10	ズ	
8	0		2	3	4	1 5 ×	6	1 7	8	9	10		
9	 0	1	2	3	4	5	6	<u> </u>	8	9	10		
10	0	**************************************					6	7	8 ×	9	10		
11	0		2		4		6	oriunias bissinis a	8	9	× 10		Ą
12	0	1	<u> </u>	3	4		6	7	8	9	10		