

Participant ID Initials

Mesalazine for the treatment of IBS-D.



TREATMENT PHASE WEEK 1

Daily Symptom and Stool Diary (version 2.0, 25 November 2010)

Day	Date (e.g. Monday 05/Jun/10)	Hours of Pain? (If no pain enter '0')	Score each 0-10 using the scale below			Number sachets taken today? (If none enter '0')	STOOL FORM AND TIME (Form = score 1-7 from 'Stool Form' list below; Time = time of stool)									
			Abdominal Pain Severity?	Urgency?	Bloating?			1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	
			0 1 2 3 4 5 6 7 8 9 10 None-----Moderate-----Severe													
1						Form										
						Time										
2						Form										
						Time										
3						Form										
						Time										
4						Form										
						Time										
5						Form										
						Time										
6						Form										
						Time										
7						Form										
						Time										

Continue on back if >8 bowel movements for 1 particular day

Answer the following after completion of day 7:

Have you had satisfactory relief of your IBS symptoms this week?

YES (1)NO (0)**Stool Form**

- 1=Separate hard lumps, like nuts
- 2=sausage shaped but lumpy
- 3=like a sausage or snake, but with cracks on its surface
- 4=like a sausage or snake, smooth and soft
- 5=soft blobs with clear cut edges
- 6=fluffy pieces with ragged edges, a mushy stool
- 7=watery, no solid pieces