



*Diagnosis and Management of Irritable Bowel Syndrome*  
**POSTTEST AND EVALUATION FORM**  
Use this page as your Fax Cover Sheet

Fax To: **212-274-8220**

From:

Pages: **Three (3), including cover**

Fax:

Date:

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***INSTRUCTIONS FOR CREDIT***

1. Print all three pages:
  - 1) This cover page
  - 2) The following Posttest
  - 3) The following Evaluation Form
2. Complete the ten-question Posttest by circling the correct answers
3. Complete the evaluation form by circling your rating and writing your responses in the spaces provided
4. Fill out this cover page
5. Fax all three pages (including this cover page) to **212-274-8220**, or mail them to:  
**AGA CME Café**  
**c/o Healthology**  
**1333 Broadway, Suite 500**  
**New York, NY 10018**

\*Your statement of credit will be emailed to you within three weeks. If you do not include an email address, we will mail your statement to you. Any questions about this program can be directed to [agacmecafe@healthology.com](mailto:agacmecafe@healthology.com).

POST-TEST: Diagnosis and Management of Irritable Bowel Syndrome

1. Which of the following is not felt to be a contributor to IBS?
  - a. Altered gut motility
  - b. Enhanced visceral perception
  - c. Increased gastric residual volume
  - d. Dysregulated brain-gut axis
  
2. What do the occurrence of alarm symptoms in IBS mean?
  - a. A patient may require treatment with an IBS-specific medication
  - b. A patient may be experiencing a life-threatening medication side effect
  - c. A patient may require more invasive testing such as endoscopy
  - e. A patient may be suffering from the alternating form of IBS, changing from constipation to diarrhea
  
3. Patients with IBS have a higher likelihood of having a history of:
  - a. Childhood sexual abuse
  - b. Antibiotic-associated diarrhea
  - c. Pre-existing abdominal trauma or surgery
  - d. Gluten hypersensitivity
  
4. Stimulation of the 5-HT<sub>3</sub> receptor and inhibition of the 5-HT<sub>4</sub> receptor both inhibit peristalsis?  
True                      False
  
5. In which cell type is most of the body's serotonin located?
  - a. Enteric nerve cells
  - b. Pontine nucleus
  - c. Enterochromaffin cells
  - d. Frontal cerebral cortex
  
6. Osmotic-type laxatives are to be used only on a short-term basis?  
True                      False
  
7. Which of the following is not currently used to treat pain associated with IBS
  - a. Tricyclic antidepressants
  - b. Tegaserod
  - c. Laxatives
  - d. Alosetron
  
8. The reason that tegaserod and alosetron are only FDA-approved for use in women is that studies have shown that these agents are ineffective when used in men.  
True                      False
  
9. Most patients with IBS are being treated for their condition.  
True                      False
  
10. Which of the following symptoms is most consistent with IBS?
  - a. Weight loss > 10 lbs
  - b. Pain that occurs in the middle of the night
  - c. Pain associated with defecation
  - d. Refractory diarrhea

**EVALUATION FORM: *Diagnosis and Management of Irritable Bowel Syndrome***

**I. Using the following scale, please indicate how well the Learning Objectives were met:**

**1 = Not at all                      2 = Partially                      3 = To a large degree                      4 = Completely**

After reviewing the *Diagnosis and Management of Irritable Bowel Syndrome* module, I am able to:

- |  |          |          |          |          |
|--|----------|----------|----------|----------|
| <b>1.</b> Discuss the current data surrounding the epidemiology of irritable bowel syndrome  | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> |
| <b>2.</b> Identify risk factors in the development of irritable bowel syndrome   | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> |
| <b>3.</b> Identify current diagnostic criteria and work-up procedures for irritable bowel syndrome   | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> |
| <b>4.</b> Discuss current theories regarding the pathophysiology of irritable bowel syndrome.  | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> |
| <b>5.</b> Identify treatment options for different irritable bowel syndrome symptom clusters and different irritable bowel syndrome populations. | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> |

**II. Circle the number that reflects your opinion of the effectiveness of the monograph.**

**Strongly Disagree to Strongly Agree**

- |   |          |          |          |          |          |
|---|----------|----------|----------|----------|----------|
| <b>1.</b> The material was presented in clear and forthright language.  | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| <b>2.</b> The content was current.  | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| <b>3.</b> The content was relevant to the learner's needs.  | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| <b>4.</b> There was no perceived commercial bias, or the obvious appearance of skewed material which has been influenced by commercial support. | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| <b>5.</b> If you disagree with statement # 4, please explain why:   |          |          |          |          |          |

**III. To assist us in planning and improving future programs, please answer the following general questions about CME courses.**

**1. Please indicate how valuable you find the following types of learning formats**

**Least Valuable to Most Valuable**

- |                              |          |          |          |          |          |
|------------------------------|----------|----------|----------|----------|----------|
| CME on the Internet          | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| Expert Panel                 | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| Interactive Teleconferencing | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| Journal-Based CME            | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| Lecture                      | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| Lunch With Faculty           | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| Monograph                    | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| Multimedia (on CD-ROM)       | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| Problem-Based Learning       | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| Question and Answer          | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| Workshop                     | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |

**2. Please list the topics you would like to have offered in future education programs:**

**3. How did you receive this multimedia CME module:**

National Meeting     AGA Website     Mail     Other: \_\_\_\_\_

**IV. CME Request Form: To Request your CME credit, and to help the CME Committee interpret your answers, please supply this personal information:**

**1. First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Degree/Suffix:** \_\_\_\_\_

**2. Fax:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**3. In which city/state/county do you practice?** \_\_\_\_\_

**4. To which of the following professional associations do you currently belong?**

AGA     ASGE     ACG     AASLD     Other: \_\_\_\_\_

**5. Are you:**     Male     Female

**6. What is your age:**     Under 30     30     39     40     49     50-59     Over 60

**7. Is your primary practice arrangement (please mark 1 response):**

Solo Practice     GI Group Practice     Multispecialty     Industry  
 Staff Model HMO     Clinical research/academic     Government     Trainee

**8. Specialty:** \_\_\_\_\_ **Years in Practice:** \_\_\_\_\_

**9. Please indicate how many hours you spent on this program (up to 2):** \_\_\_\_\_