



Answer/Evaluation Form: Overlapping Conditions in Women with Irritable Bowel Syndrome

This test may be copied for use by others.

COMPLETE THE FOLLOWING:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred telephone: (Home) _____ (Work) _____

SUNA Member Expiration Date: _____

Registration fee:	SUNA Member:	\$12.00
	Nonmember:	\$20.00

Answer Form:

1. If you applied what you have learned from this activity into your practice, what would be different?

Evaluation	Strongly disagree				Strongly agree
2. By completing this activity, I was able to meet the following objectives:					
a. Describe the etiology and pathophysiology of IBS.	1	2	3	4	5
b. Discuss other conditions that overlap with IBS.	1	2	3	4	5
c. Define the diagnosis and management of IBS.	1	2	3	4	5
3. The content was current and relevant.	1	2	3	4	5
4. The objectives could be achieved using the content provided.	1	2	3	4	5
5. This was an effective method to learn this content.	1	2	3	4	5
6. I am more confident in my abilities since completing this material.	1	2	3	4	5
7. The material was (check one) <input type="checkbox"/> new <input type="checkbox"/> review for me					
8. Time required to complete the reading assignment: _____ minutes					

I verify that I have completed this activity: _____

Comments

Objectives

This educational activity is designed for nurses and other health care professionals who care for, evaluate, and educate patients regarding irritable bowel syndrome (IBS) in women. For those wishing to obtain CE credit, an evaluation follows. After studying the information presented in this offering, you will be able to:

1. Describe the etiology and pathophysiology of IBS.
2. Discuss other conditions that overlap with IBS.
3. Define the diagnosis and management of IBS.

Posttest Instructions

1. To receive continuing education credit for individual study after reading the article, complete the answer/evaluation form to the left.
2. Detach and send the answer/evaluation form along with a check or money order payable to **SUNA** to *Urologic Nursing*, CE Series, East Holly Avenue Box 56, Pitman, NJ 08071-0056.
3. Test returns must be postmarked by February 28, 2007. Upon completion of the answer/evaluation form, a certificate for **2.4** contact hour(s) will be awarded and sent to you.

This activity has been provided by the Society of Urologic Nurses and Associates, which is accredited as a provider of continuing nursing education by the American Nurses' Credentialing Center's Commission on Accreditation (ANCC-COA). SUNA is a provider approved by the California Board of Registered Nurses, provider number CEP 05556. Licenses in the state of CA must retain this certificate for four years after the CE activity is completed.

This article was reviewed and formatted for contact hour credit by Sally S. Russell, MN, RN, CMSRN, SUNA Education Director; and Jane Hokanson Hawks, DNSc, RN, BC, Editor.