

GLOBAL
IMPRESSION
OF CHANGE

Subject ID	<div><div>000123456789</div><div>000123456789</div><div>000123456789</div><div>000123456789</div></div>									
Month	<div><div>000123456789</div><div>000123456789</div><div>000123456789</div><div>000123456789</div></div>									
Day	<div><div>000123456789</div><div>000123456789</div><div>000123456789</div><div>000123456789</div></div>									
Year	<div><div>000123456789</div><div>000123456789</div><div>000123456789</div><div>000123456789</div></div>									
Week	<div><div>000123456789</div><div>000123456789</div><div>000123456789</div><div>000123456789</div></div>									

Compared to the way you usually felt before entering the study, how would you rate your symptoms of abdominal discomfort or pain, AND bowel symptoms during the PAST 7 DAYS? By bowel symptoms, we are referring to constipation and/or diarrhea, gas, a feeling of bloating, nausea, tenderness, urgent need to have a bowel movement, feeling that your bowel was not completely empty after a bowel movement, or other symptoms specific to the IBS problem that prompted you to seek treatment?

- ⑦ Substantially Improved
- ⑥ Moderately Improved
- ⑤ Slightly Improved
- ④ No Change
- ③ Slightly Worse
- ② Moderately Worse
- ① Substantially Worse