

GLOBAL IMPRESSION OF CHANGE

Subject ID	0	0	0	1	1	1	2	2	2	3	3	3	4	4	4	5	5	5	6	6	6	7	7	7	8	8	8	9	9
Month	0	0	0	1	1	1	2	2	2	3	3	3	4	4	4	5	5	5	6	6	6	7	7	7	8	8	8	9	9
Day	0	0	0	1	1	1	2	2	2	3	3	3	4	4	4	5	5	5	6	6	6	7	7	7	8	8	8	9	9
Year	0	0	0	1	1	1	2	2	2	3	3	3	4	4	4	5	5	5	6	6	6	7	7	7	8	8	8	9	9
Week	0	0	0	1	1	1	2	2	2	3	3	3	4	4	4	5	5	5	6	6	6	7	7	7	8	8	8	9	9

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?

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

