

**WebDCU™ EPISOD3 Annotated Form for CRF 54 [ Patients' Global Impression of Change ]**  
**Form ID: 71 DB Table Name: F54**

No.	Item Description	Data Value
<b>A</b>	Data collected? DB Name: [ zDataCollected ]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
<b>B</b>	Date of assessment DB Name: [ zFormDate ]	<div style="display: flex; align-items: center;"> <input style="width: 40px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 40px; height: 20px; margin-right: 5px;" type="text"/> <span>(dd-mmm-yyyy) Complete</span> </div>
1	Since the initial treatment in EPISOD/EPISOD2, my overall status is: DB Name: [ Q01 ]	<input type="radio"/> 1 - Very Much Improved <input type="radio"/> 2 - Much Improved <input type="radio"/> 3 - Minimally Improved <input type="radio"/> 4 - No Change <input type="radio"/> 5 - Minimally Worse <input type="radio"/> 6 - Much Worse <input type="radio"/> 7 - Very Much Worse
<b>C</b>	General Comments DB Name: [ zNotes ]	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: right; font-size: small;">(250 char.)</p>