

GLOBAL IMPRESSION OF CHANGE

Subject ID			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Month	Day	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	9

Week
0
1
2
3
4
5
6
7
8
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?

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