

## DISCONTINUATION-EMERGENT SIGNS AND SYMPTOMS (DESS) SCALE

**Investigator:**

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**eCRF ID:**

B101-092

**Filled By:**

Subject

**Scale:**

Safety Follow-up (Day 21)

**Date:**

7/7/2025

### 1. Nervousness or anxiety

Answer: (5) Symptom Not Present

### 2. Elevated mood, feeling high

Answer: (5) Symptom Not Present

### 3. Irritability

Answer: (5) Symptom Not Present

### 4. Sudden worsening of mood

Answer: (5) Symptom Not Present

### 5. Sudden outbursts of anger ("anger attacks")

Answer: (5) Symptom Not Present

**6. Sudden panic or anxiety attacks**

Answer: (5) Symptom Not Present

**7. Bouts of crying or tearfulness**

Answer: (5) Symptom Not Present

**8. Agitation**

Answer: (4) Old Symptom, but Unchanged

**9. Feeling unreal or detached**

Answer: (5) Symptom Not Present

**10. Confusion or trouble concentrating**

Answer: (4) Old Symptom, but Unchanged

**11. Forgetfulness or problems with memory**

Answer: (5) Symptom Not Present

**12. Mood swings**

Answer: (4) Old Symptom, but Unchanged

**13. Trouble sleeping, insomnia**

Answer: (4) Old Symptom, but Unchanged

**14. Increased dreaming or nightmares**

Answer: (5) Symptom Not Present

**15. Sweating more than usual**

Answer: (5) Symptom Not Present

**16. Shaking, trembling**

Answer: (5) Symptom Not Present

**17. Muscle tension or stiffness**

Answer: (5) Symptom Not Present

**18. Muscle aches or pains**

Answer: (5) Symptom Not Present

**19. Restless feeling in legs**

Answer: (5) Symptom Not Present

**20. Muscles cramps, spasms, or twitching**

Answer: (5) Symptom Not Present

**21. Fatigue, tiredness**

Answer: (4) Old Symptom, but Unchanged

**22. Unsteady gait or incoordination**

Answer: (4) Old Symptom, but Unchanged

**23. Blurred vision**

Answer: (5) Symptom Not Present

**24. Sore eyes**

Answer: (5) Symptom Not Present

**25. Uncontrollable mouth/tongue movements**

Answer: (5) Symptom Not Present

**26. Problems with speech or speaking clearly**

Answer: (5) Symptom Not Present

**27. Headache**

Answer: (4) Old Symptom, but Unchanged

**28. Increased saliva in mouth**

Answer: (5) Symptom Not Present

**29. Dizziness, lightheadedness, or sensation of spinning (vertigo)**

Answer: (5) Symptom Not Present

**30. Nose running**

Answer: (5) Symptom Not Present

**31. Shortness of breath, gasping for air**

Answer: (5) Symptom Not Present

**32. Chills**

Answer: (5) Symptom Not Present

**33. Fever**

Answer: (5) Symptom Not Present

**34. Vomiting**

Answer: (5) Symptom Not Present

**35. Nausea**

Answer: (5) Symptom Not Present

**36. Diarrhea**

Answer: (4) Old Symptom, but Unchanged

**37. Stomach cramps**

Answer: (5) Symptom Not Present

**38. Stomach bloating**

Answer: (5) Symptom Not Present

**39. Unusual visual sensations (light, colors, geometric shapes, etc.)**

Answer: (5) Symptom Not Present

**40. Burning, numbness, tingling sensations**

Answer: (5) Symptom Not Present

**41. Unusual sensitivity to sound**

Answer: (5) Symptom Not Present

**42. Ringing or noises in the ears**

Answer: (5) Symptom Not Present

**43. Unusual tastes or smells**

Answer: (5) Symptom Not Present

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