

DISCONTINUATION-EMERGENT SIGNS AND SYMPTOMS (DESS) SCALE

Investigator:

Mudasar Hassan

eCRF ID:

A102-026

Filled By:

Subject

Scale:

Safety Follow-up (Day 64)

Date:

7/16/2025

1. Nervousness or anxiety

Answer: (2) Old Symptom, but Worse

2. Elevated mood, feeling high

Answer: (3) Old Symptom, but Improved

3. Irritability

Answer: (3) Old Symptom, but Improved

4. Sudden worsening of mood

Answer: (3) Old Symptom, but Improved

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

Answer: (3) Old Symptom, but Improved

6. Sudden panic or anxiety attacks

Answer: (3) Old Symptom, but Improved

7. Bouts of crying or tearfulness

Answer: (5) Symptom Not Present

8. Agitation

Answer: (5) Symptom Not Present

9. Feeling unreal or detached

Answer: (4) Old Symptom, but Unchanged

10. Confusion or trouble concentrating

Answer: (3) Old Symptom, but Improved

11. Forgetfulness or problems with memory

Answer: (4) Old Symptom, but Unchanged

12. Mood swings

Answer: (3) Old symptom, but Improved

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: (4) Old Symptom, but Unchanged

16. Shaking, trembling

Answer: (3) Old Symptom, but Improved

17. Muscle tension or stiffness

Answer: (4) Old Symptom, but Unchanged

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: (4) Old Symptom, but Unchanged

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: (3) Old Symptom, but Improved

27. Headache

Answer: (5) Symptom Not Present

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: (5) Symptom Not Present

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: (4) Old Symptom, but Unchanged

43. Unusual tastes or smells

Answer: (5) Symptom Not Present

Disclaimer: By signing this document electronically, I acknowledge that I have reviewed its contents, understand its implications, and confirm its accuracy. I understand that my electronic signature is legally binding, the content of this document is confidential, and will not be shared with third parties without authorization.