

DISCONTINUATION-EMERGENT SIGNS AND SYMPTOMS (DESS) SCALE

Investigator:

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eCRF ID:

A102-031

Filled By:

Subject

Scale:

Safety Follow-up (Day 64)

Date:

8/11/2025

1. Nervousness or anxiety

Answer: (5) Symptom Not Present

2. Elevated mood, feeling high

Answer: (1) New Symptom

3. Irritability

Answer: (1) New Symptom

4. Sudden worsening of mood

Answer: (1) New Symptom

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

Answer: (1) New Symptom

6. Sudden panic or anxiety attacks

Answer: (1) New Symptom

7. Bouts of crying or tearfulness

Answer: (1) New Symptom

8. Agitation

Answer: (1) New Symptom

9. Feeling unreal or detached

Answer: (1) New Symptom

10. Confusion or trouble concentrating

Answer: (5) Symptom Not Present

11. Forgetfulness or problems with memory

Answer: (1) New Symptom

12. Mood swings

Answer: (5) Symptom Not Present

13. Trouble sleeping, insomnia

Answer: (1) New Symptom

14. Increased dreaming or nightmares

Answer: (1) New Symptom

15. Sweating more than usual

Answer: (1) New Symptom

16. Shaking, trembling

Answer: (1) New Symptom

17. Muscle tension or stiffness

Answer: (1) New Symptom

18. Muscle aches or pains

Answer: (1) New Symptom

19. Restless feeling in legs

Answer: (5) Symptom Not Present

20. Muscles cramps, spasms, or twitching

Answer: (1) New Symptom

21. Fatigue, tiredness

Answer: (5) Symptom Not Present

22. Unsteady gait or incoordination

Answer: (1) New Symptom

23. Blurred vision

Answer: (1) New Symptom

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: (5) Symptom Not Present

28. Increased saliva in mouth

Answer: (1) New Symptom

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

Answer: (5) Symptom Not Present

30. Nose running

Answer: (1) New Symptom

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: (1) New Symptom

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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