

IMACS FORM 11: ASSESSMENT OF STUDY OUTCOME

Subject's IMACS number _____

Assessor _____

Date of assessment (mm/dd/yy) _____

Assessment number _____

PHYSICIAN ASSESSMENT OF OUTCOME IN THE TRIAL/STUDY

Change in Disease Activity

Based upon all the information available to me at this time, I believe that compared to the condition of the subject on _____ (mm/dd/yy), the subject's disease **activity** is now (please check only one):

- Markedly improved
- Moderately improved
- Slightly improved
- Unchanged
- Slightly worse
- Moderately worse
- Markedly worse

Change in Disease Damage

Based upon all the information available to me at this time, I believe that compared to the condition of the subject on _____ (mm/dd/yy), the subject's disease **damage** is now (please check only one):

- Markedly improved
- Moderately improved
- Slightly improved
- Unchanged
- Slightly worse
- Moderately worse
- Markedly worse

IMACS FORM 11: ASSESSMENT OF STUDY OUTCOME