

Patient Name	
Case Number	
Date of Birth	
How long did you take SensiStop?	
Did you follow the dosing instructions?	
Did you need to take other drugs concomitantly with SensiStop? Which ones?	
Did SensiStop relieve your symptoms?	Slightly Moderately Very Much
Did you experience any side-effects?	
If YES, which ones?	

Thank you for your kind co-operation

