

NAME (or ID) \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SYMPTOMS. During the past 2 weeks, how much have you been bothered by any of the following?**

<u>Rate "bother" for the past 2 weeks</u>	<u>Not at all</u>	<u>A little bit</u>	<u>Somewhat</u>	<u>Quite a bit</u>	<u>Very much</u>
1. Shortness of breath	0	1	2	3	4
2. Feeling feverish	0	1	2	3	4
3. Sweats and/or chills	0	1	2	3	4
4. Nausea and/or vomiting	0	1	2	3	4
5. Back pain	0	1	2	3	4
6. Headaches	0	1	2	3	4
7. Stiff or painful neck	0	1	2	3	4
8. Muscle aches or pains	0	1	2	3	4
9. Joint pain or swelling	0	1	2	3	4
10. Muscle weakness	0	1	2	3	4
11. Feeling fatigued or having low energy	0	1	2	3	4
12. Feeling worse after normal physical exertion	0	1	2	3	4
13. Trouble falling or staying asleep	0	1	2	3	4
14. Needing more sleep than usual	0	1	2	3	4
15. Not feeling rested on awakening	0	1	2	3	4
16. Numbness or tingling	0	1	2	3	4
17. Shooting, stabbing or burning pains	0	1	2	3	4
18. Skin or muscle twitching	0	1	2	3	4
19. Discomfort with normal light or sound	0	1	2	3	4
20. Balance problems or sense of room-spinning	0	1	2	3	4
21. Change in visual clarity or trouble focusing	0	1	2	3	4
22. Bladder discomfort or change in urination	0	1	2	3	4
23. Light-headed or uncomfortable on standing	0	1	2	3	4
24. Hot or cold sensations in extremities	0	1	2	3	4
25. Irregular or rapid heart beats	0	1	2	3	4
26. Feeling irritable, sad, or decreased pleasure	0	1	2	3	4
27. Feeling panicky, anxious or worried	0	1	2	3	4
28. Trouble finding words or retrieving names	0	1	2	3	4
29. Trouble with memory	0	1	2	3	4
30. Slower speed of thinking	0	1	2	3	4

**Over the last 2 weeks, have any of the above impaired your work, social, or family functioning? Yes No**

**If Yes, please indicate the number (#) of each of the most impairing symptoms below, starting with the most impairing (#1), then list the next most impairing (#2) and continue listing in descending severity other impairing symptoms.**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_