

Symptom Question 1- 22

INSTRUCTIONS: If you have had the symptom during this past 7 days, circle YES. If YES, let us know how OFTEN you had it, how SEVERE it was usually and how much it BOTHERED OR DISTRESSED by circling the appropriate answer. If you DID NOT HAVE the symptom circle NO.

1. During the past week, did you have any difficulty in concentrating or paying attention?							
☐ No	☐ Yes	1. If yes, how often did you have it ?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always
		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
2. During the past week, did you have any pain?							
☐ No	☐ Yes	1. If yes, how often did you have it ?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always
		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
3. During the past week, did you feel lack of energy?							
☐ No	☐ Yes	1. If yes, how often did you have it ?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always
		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
4. During the past week, did you have any cough?							
☐ No	☐ Yes	1. If yes, how often did you have it ?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always
		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
5. During the past week, did you have any feeling of being nervous ?							
☐ No	☐ Yes	1. If yes, how often did you have it ?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always
		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
6. During the past week, did you have any dry mouth ?							
☐ No	☐ Yes	1. If yes, how often did you have it ?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always
		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much

7. During the past week, did you have any nausea or feeling like you could vomit ?							
☐ No	☐ Yes	1. If yes, how often did you have it?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always
		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
8. During the past week, did you have any feeling of being drowsy ?							
☐ No	☐ Yes	1. If yes, how often did you have it?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always
		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
9. During the past week, did you have any numbness or tingling feelings in hands or feet ?							
☐ No	☐ Yes	1. If yes, how often did you have it?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always
		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
10. During the past week, did you have any difficulty in sleeping ?							
☐ No	☐ Yes	1. If yes, how often did you have it?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always
		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
11. During the past week, did you have any problems with urination ?							
☐ No	☐ Yes	1. If yes, how often did you have it?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always
		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
12. During the past week, did you have any shortness of breath ?							
☐ No	☐ Yes	1. If yes, how often did you have it?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always
		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
13. During the past week, did you have any diarrhea or constipation ?							
☐ No	☐ Yes	1. If yes, how often did you have it?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always
		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe

		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
14. During the past week, did you have any feeling of sadness ?							
☐ No	☐ Yes	1. If yes, how often did you have it?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always
		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
15. During the past week, did you sweat ?							
☐ No	☐ Yes	1. If yes, how often did you have it?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always
		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
16. During the past week, did you have any feelings of worrying ?							
☐ No	☐ Yes	1. If yes, how often did you have it?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always
		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
17. During the past week, did you feel itchy ?							
☐ No	☐ Yes	1. If yes, how often did you have it?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always
		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
18. During the past week, did you lack appetite ?							
☐ No	☐ Yes	1. If yes, how often did you have it?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always
		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
19. During the past week, did you have any dizziness ?							
☐ No	☐ Yes	1. If yes, how often did you have it?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always
		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
20. During the past week, did you have any difficulty in swallowing ?							
☐ No	☐ Yes	1. If yes, how often did you have it?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always

		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
21. During the past week, did you have any feelings of being irritable ?							
☐ No	☐ Yes	1. If yes, how often did you have it?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always
		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
22. During the past week, did you vomit ?							
☐ No	☐ Yes	1. If yes, how often did you have it?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always
		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much

Symptom Question 1- 8

INSTRUCTIONS: If you have had the symptom during this past 7 days, circle YES. If YES, let us know how SEVERE it was usually and how much it BOTHERED OR DISTRESSED by circling the appropriate answer. If you DID NOT HAVE the symptom circle NO.

1. During the past week, did you have any mouth sores ?							
☐ No	☐ Yes	1. If yes, how severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		2. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
2. During the past week, did you have any change in the way food tastes ?							
☐ No	☐ Yes	1. If yes, how severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		2. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
3. During the past week, did you have any weight loss ?							
☐ No	☐ Yes	1. If yes, how severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		2. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
4. During the past week, did you have hair loss ?							
☐ No	☐ Yes	1. If yes, how severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		2. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
5. During the past week, did you have any constipation ?							
☐ No	☐ Yes	1. If yes, how severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe

		2. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
6. During the past week, did you have any swelling of arms and legs ?							
☐ No	☐ Yes	1. If yes, how severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		2. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
7. During the past week, did you have any thought of “I don’t look like myself” ?							
☐ No	☐ Yes	1. If yes, how severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		2. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
8. During the past week, did you have any changes in skin ?							
☐ No	☐ Yes	1. If yes, how severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		2. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much

Symptom Question 1- 10

INSTRUCTIONS: If you have had the symptom during this past 7 days, circle YES. If YES, let us know how OFTEN you had it, how SEVERE it was usually and how much it BOTHERED OR DISTRESSED by circling the appropriate answer. If you DID NOT HAVE the symptom circle NO.

1. During the past week, did you choke ?							
☐ No	☐ Yes	1. If yes, how often did you have it?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always
		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
2. During the past week, did you drool ?							
☐ No	☐ Yes	1. If yes, how often did you have it?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always
		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
3. During the past week, did you have any convulsions ?							
☐ No	☐ Yes	1. If yes, how often did you have it?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always
		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
4. During the past week, did you have any muscle cramping ?							
☐ No	☐ Yes	1. If yes, how often did you have it?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always

		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
5. During the past week, did you have any cold hands or cold feet ?							
☐ No	☐ Yes	1. If yes, how often did you have it?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always
		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
6. During the past week, did you have any repetitive behaviors ?							
☐ No	☐ Yes	1. If yes, how often did you have it?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always
		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
7. During the past week, did you have any aggressive behavior ?							
☐ No	☐ Yes	1. If yes, how often did you have it?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always
		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
8. During the past week, did you feel hyperactive ?							
☐ No	☐ Yes	1. If yes, how often did you have it?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always
		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
9. During the past week, did you have stiff joints ?							
☐ No	☐ Yes	1. If yes, how often did you have it?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always
		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much
10. During the past week, did you have any fever ?							
☐ No	☐ Yes	1. If yes, how often did you have it?		☐ Almost never	☐ Sometimes	☐ A lot	☐ Almost always
		2. How severe was it usually?		☐ Slight	☐ Moderately	☐ Severe	☐ Very severe
		3. How much did it bother or distress you?	☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Very much