

SYMPTOM ASSESSMENT SCALE

I understand that I am under no obligation to complete this self rating form.

Signed: _____ date: _____

Put a tick in the box which best describes the degree of difficulty you have been experiencing in each area.

In the past two weeks, how much difficulty have you been having in the area of:	no difficulty	a little difficulty	moderate difficulty	quite difficult	extreme difficulty
	0	1	2	3	4
1. personal care eg. getting up in morning, hygiene, dressing yourself					
2. managing daily responsibilities eg. children, household chores, outdoor chores					
3. work eg. completing tasks, performance level					
4. school eg. performance, completing assignments					
5. leisure time or recreational activities Give examples: _____					
6. stress Give examples: _____					
7. mood swings, unstable mood, depressed					
8. fear, anxiety or panic					
9. poor concentration and memory					
10. feelings of well being					
11. sleep eg. Falling asleep, staying sleep					
12. energy eg. tired, short duration					
13. pain Give example of where: _____					
14. discomfort Give example of type: _____					
15. skin, nails and hair eg. dry, brittle, ridges					
16. eyes, ears, nose and throat eg. discharge, decrease sensitivity, sore					

17. heart eg. palpitations, racing pulse, dizziness, pain					
18. lungs eg. shortness of breath, difficulty breathing, cough, pain					
19. digestion eg. gas, bloating, constipation, diarrhoea, pain					
20. urinary eg. frequent urination, pain, changes					
21. neurological symptoms eg. headaches, numbness, tingling, dizziness					
22. muscular/skeletal eg. strength, range of motion, stiffness					
23. thirst and appetite Give examples: _____					
24. menstrual cycles Give examples: _____					
25. reproductive system Give examples: _____					
26. Other: _____ _____					

How do you feel your health was 1 year ago? _____

Do you see your health changing: for the better, staying the same or getting worse? _____

What would you like to see change the most? _____

Any other comments: