PRSM

In the past 7 days,					
…rate your pain in the abdomen (belly pain).	1 None	2 Mild	3 Moderate	4 Severe	5 Very Severe
…how much did your pain in the abdomen (belly pain) keep you from doing things you usually do?	1 Not at all	2 A little bit	3 Somewhat	4 Quite a bit	5 Very Much
…how often did you have pain in the abdomen (belly pain)?	1 Never	2 A little of the time	3 Sometimes	4 Most of the time	5 Almost all the time
…rate your constipation (trouble having a bowel movement).	1 None	2 Mild	3 Moderate	4 Severe	5 Very Severe
…how much did your constipation (trouble having a bowel movement) keep you from doing things you usually do?	1 Not at all	2 A little bit	3 Somewhat	4 Quite a bit	5 Very Much
…how often did you have constipation (trouble having a bowel movement)?	1 Never	2 A little of the time	3 Sometimes	4 Most of the time	5 Almost all the time
…rate your loose or watery stools (diarrhea).	1 None	2 Mild	3 Moderate	4 Severe	5 Very Severe
…how much did your loose or watery stools (diarrhea) keep you from doing things you usually do?	1 Not at all	2 A little bit	3 Somewhat	4 Quite a bit	5 Very Much
…how often did you have loose or watery stools (diarrhea)?	1 Never	2 A little of the time	3 Sometimes	4 Most of the time	5 Almost all the time
…rate your mouth or throat sores.	1 None	2 Mild	3 Moderate	4 Severe	5 Very Severe
…how much did your mouth or throat sores keep you from doing things you usually do?	1 Not at all	2 A little bit	3 Somewhat	4 Quite a bit	5 Very Much
…how often did you have mouth or throat sores?	1 Never	2 A little of the time	3 Sometimes	4 Most of the time	5 Almost all the time
…rate your nausea.	1 None	2 Mild	3 Moderate	4 Severe	5 Very Severe
…how much did your nausea keep you from doing things you usually do?	1 Not at all	2 A little bit	3 Somewhat	4 Quite a bit	5 Very Much
…how often did you have nausea?	1 Never	2 A little of the time	3 Sometimes	4 Most of the time	5 Almost all the time
…rate your vomiting.	1 None	2 Mild	3 Moderate	4 Severe	5 Very Severe
…how much did your vomiting keep you from doing things you usually do?	1 Not at all	2 A little bit	3 Somewhat	4 Quite a bit	5 Very Much
…how often did you have vomiting?	1 Never	2 A little of the time	3 Sometimes	4 Most of the time	5 Almost all the time
…rate your arm or leg swelling.	1 None	2 Mild	3 Moderate	4 Severe	5 Very Severe
…how much did your arm or leg swelling keep you from doing things you usually do?	1 Not at all	2 A little bit	3 Somewhat	4 Quite a bit	5 Very Much
…how often did you have arm or leg swelling?	1 Never	2 A little of the time	3 Sometimes	4 Most of the time	5 Almost all the time

…rate your tiredness, lack of energy or fatigue.	1 None	2 Mild	3 Moderate	4 Severe	5 Very Severe
…how much did your tiredness, lack of energy or fatigue keep you from doing things you usually do?	1 Not at all	2 A little bit	3 Somewhat	4 Quite a bit	5 Very Much
…how often did you have tiredness, lack of energy or fatigue?	1 Never	2 A little of the time	3 Sometimes	4 Most of the time	5 Almost all the time
…rate your pain.	1 None	2 Mild	3 Moderate	4 Severe	5 Very Severe
…how much did your pain keep you from doing things you usually do?	1 Not at all	2 A little bit	3 Somewhat	4 Quite a bit	5 Very Much
…how often did you have pain?	1 Never	2 A little of the time	3 Sometimes	4 Most of the time	5 Almost all the time
…rate your aching joints (such as elbows, knees, shoulders).	1 None	2 Mild	3 Moderate	4 Severe	5 Very Severe
…how much did your aching joints (such as elbows, knees, shoulders) keep you from doing things you usually do?	1 Not at all	2 A little bit	3 Somewhat	4 Quite a bit	5 Very Much
…how often did you have aching joints (such as elbows, knees, shoulders)?	1 Never	2 A little of the time	3 Sometimes	4 Most of the time	5 Almost all the time
…rate your aching muscles.	1 None	2 Mild	3 Moderate	4 Severe	5 Very Severe
…how much did your aching muscles keep you from doing things you usually do?	1 Not at all	2 A little bit	3 Somewhat	4 Quite a bit	5 Very Much
…how often did you have aching muscles?	1 Never	2 A little of the time	3 Sometimes	4 Most of the time	5 Almost all the time
…rate your numbness or tingling in your hands or feet.	1 None	2 Mild	3 Moderate	4 Severe	5 Very Severe
…how much did numbness or tingling in your hands or feet keep you from doing things you usually do?	1 Not at all	2 A little bit	3 Somewhat	4 Quite a bit	5 Very Much
…how often did you have numbness or tingling in your hands or feet?	1 Never	2 A little of the time	3 Sometimes	4 Most of the time	5 Almost all the time
…rate your anxiety (worrying).	1 None	2 Mild	3 Moderate	4 Severe	5 Very Severe
…how much did your anxiety (worrying) keep you from doing things you usually do?	1 Not at all	2 A little bit	3 Somewhat	4 Quite a bit	5 Very Much
…how often did you have anxiety (worrying)?	1 Never	2 A little of the time	3 Sometimes	4 Most of the time	5 Almost all the time
…rate you sad or unhappy feelings.	1 None	2 Mild	3 Moderate	4 Severe	5 Very Severe
…how much did your sad or unhappy feelings keep you from doing things you usually do?	1 Not at all	2 A little bit	3 Somewhat	4 Quite a bit	5 Very Much
…how often did you have sad or unhappy feelings?	1 Never	2 A little of the time	3 Sometimes	4 Most of the time	5 Almost all the time
…rate you insomnia (including difficulty falling asleep, staying asleep, or waking up early).	1 None	2 Mild	3 Moderate	4 Severe	5 Very Severe
…how much did your insomnia (including difficulty falling asleep, staying asleep, or waking up early) keep you from doing things	1 Not at all	2 A little bit	3 Somewhat	4 Quite a bit	5 Very Much

you usually do?					
…how often did you have insomnia (including difficulty falling asleep, staying asleep, or waking up early)?	1 Never	2 A little of the time	3 Sometimes	4 Most of the time	5 Almost all the time
…rate you shortness of breath.	1 None	2 Mild	3 Moderate	4 Severe	5 Very Severe
…how much did your shortness of breath keep you from doing things you usually do?	1 Not at all	2 A little bit	3 Somewhat	4 Quite a bit	5 Very Much
…how often did you have shortness of breath?	1 Never	2 A little of the time	3 Sometimes	4 Most of the time	5 Almost all the time
…rate your hot flashes.	1 None	2 Mild	3 Moderate	4 Severe	5 Very Severe
…how much did your hot flashes keep you from doing things you usually do?	1 Not at all	2 A little bit	3 Somewhat	4 Quite a bit	5 Very Much
…how often did you have hot flashes?	1 Never	2 A little of the time	3 Sometimes	4 Most of the time	5 Almost all the time
In the last 7 days, did you have any rash?	1 No			2 Yes	