

SYMTRAK-23 VERSION 1.0 – PATIENT REPORT FORM

PLEASE CIRCLE ONLY 1 ANSWER ON EACH ROW

OVER THE PAST TWO WEEKS, HOW OFTEN HAVE YOU HAD PROBLEMS WITH:

1.	FEELING TIRED OR HAVING LOW ENERGY	NEVER	SOMETIMES	OFTEN	ALWAYS
2.	TROUBLE FALLING ASLEEP OR TROUBLE STAYING ASLEEP	NEVER	SOMETIMES	OFTEN	ALWAYS
3.	PAIN INTERFERING WITH DAILY ACTIVITIES	NEVER	SOMETIMES	OFTEN	ALWAYS
4.	PAIN IN THE BACK, ARMS, LEGS, OR JOINTS	NEVER	SOMETIMES	OFTEN	ALWAYS
5.	FOOT PAIN OR FOOT NUMBNESS	NEVER	SOMETIMES	OFTEN	ALWAYS
6.	CONSTIPATION OR STOMACH PROBLEMS	NEVER	SOMETIMES	OFTEN	ALWAYS
7.	TROUBLE WITH URINATION	NEVER	SOMETIMES	OFTEN	ALWAYS
8.	SHORTNESS OF BREATH	NEVER	SOMETIMES	OFTEN	ALWAYS
9.	CHEST PAIN	NEVER	SOMETIMES	OFTEN	ALWAYS
10.	TROUBLE WITH VISION	NEVER	SOMETIMES	OFTEN	ALWAYS
11.	TROUBLE WITH HEARING	NEVER	SOMETIMES	OFTEN	ALWAYS
12.	TROUBLE WALKING OR TROUBLE MOVING AROUND	NEVER	SOMETIMES	OFTEN	ALWAYS
13.	FALLING OR TRIPPING	NEVER	SOMETIMES	OFTEN	ALWAYS
14.	LESS INTEREST OR LESS PLEASURE IN DOING THINGS	NEVER	SOMETIMES	OFTEN	ALWAYS
15.	FEELING SAD, DOWN, OR DEPRESSED	NEVER	SOMETIMES	OFTEN	ALWAYS
16.	POOR APPETITE OR OVEREATING	NEVER	SOMETIMES	OFTEN	ALWAYS
17.	FEELING NERVOUS OR ANXIOUS	NEVER	SOMETIMES	OFTEN	ALWAYS
18.	WORRYING TOO MUCH ABOUT DIFFERENT THINGS	NEVER	SOMETIMES	OFTEN	ALWAYS
19.	BECOMING EASILY ANNOYED OR IRRITABLE	NEVER	SOMETIMES	OFTEN	ALWAYS
20.	TROUBLE TAKING MEDICATIONS IN THE RIGHT DOSE AT THE RIGHT TIME	NEVER	SOMETIMES	OFTEN	ALWAYS
21.	TROUBLE REMEMBERING APPOINTMENTS	NEVER	SOMETIMES	OFTEN	ALWAYS
22.	TROUBLE CONCENTRATING ON THINGS	NEVER	SOMETIMES	OFTEN	ALWAYS
23.	MEMORY LOSS	NEVER	SOMETIMES	OFTEN	ALWAYS



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