

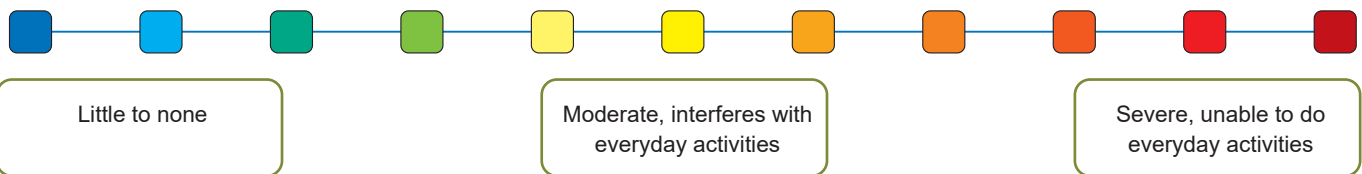
Self-report Symptom Scale

Please mark where on the scale best describes the symptoms you're experiencing today

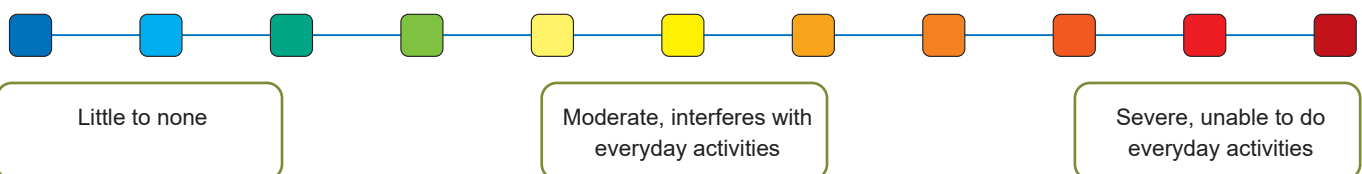
Name: _____

Date: _____

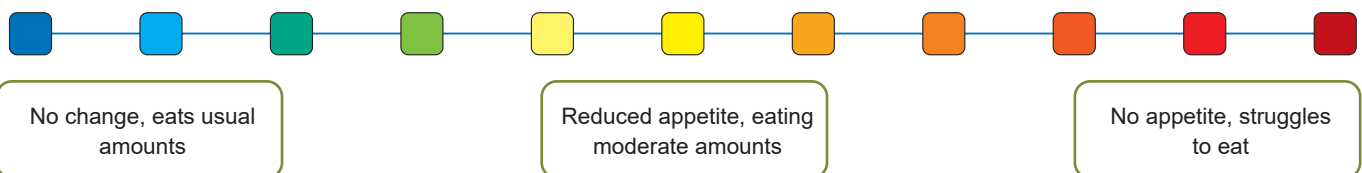
Pain



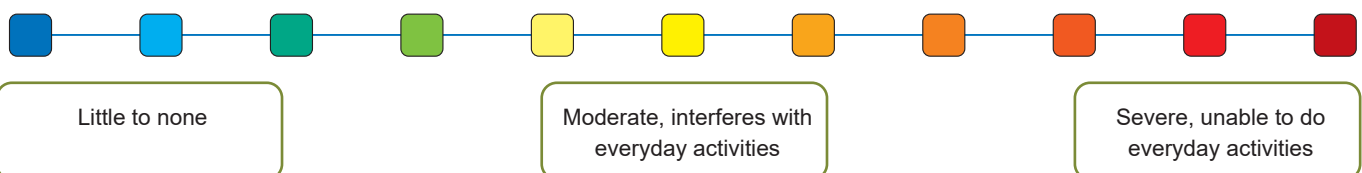
Nausea



Appetite



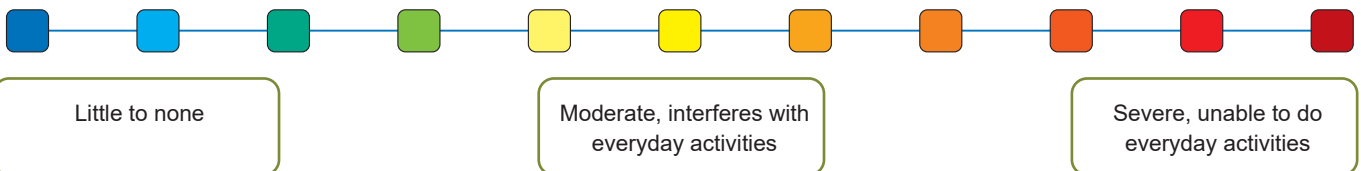
Shortness of breath



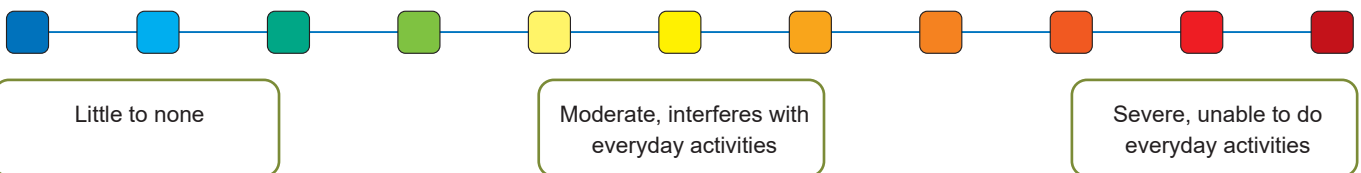
Mobility



Fatigue/Tiredness (lack of energy)



Worry, feeling nervous, anxiety or depression



Social support

