

SAFTEE (1)

Below is a list of complaints people sometimes have. Please read each and circle the number corresponding to how much you have been bothered by that problem in the past week:

1 = not at all 2 = a little bit 3 = moderately 4 = quite a bit 5 = extremely

Head:

| | | | | | |
|---------------------------|---|---|---|---|---|
| 1. headaches | 1 | 2 | 3 | 4 | 5 |
| 2. dizziness or faintness | 1 | 2 | 3 | 4 | 5 |
| 3. loss of consciousness | 1 | 2 | 3 | 4 | 5 |
| 4. seizures | 1 | 2 | 3 | 4 | 5 |

Any other problems with your head (please specify):

| | | | | | |
|----|---|---|---|---|---|
| 5. | 1 | 2 | 3 | 4 | 5 |
| 6. | 1 | 2 | 3 | 4 | 5 |

Eyes:

| | | | | | |
|-------------------------------|---|---|---|---|---|
| 7. eye irritation | 1 | 2 | 3 | 4 | 5 |
| 8. swelling | 1 | 2 | 3 | 4 | 5 |
| 9. blurred vision | 1 | 2 | 3 | 4 | 5 |
| 10. double vision | 1 | 2 | 3 | 4 | 5 |
| 11. poor vision | 1 | 2 | 3 | 4 | 5 |
| 12. light bothering your eyes | 1 | 2 | 3 | 4 | 5 |

Any other problems with your eyes (please specify):

| | | | | | |
|-----|---|---|---|---|---|
| 13. | 1 | 2 | 3 | 4 | 5 |
| 14. | 1 | 2 | 3 | 4 | 5 |

Ears:

| | | | | | |
|---|---|---|---|---|---|
| 15. earache | 1 | 2 | 3 | 4 | 5 |
| 16. discharge | 1 | 2 | 3 | 4 | 5 |
| 17. trouble hearing | 1 | 2 | 3 | 4 | 5 |
| 18. ringing or whistling or other noise in ears | 1 | 2 | 3 | 4 | 5 |

Any other problems with your ears (please specify):

| | | | | | |
|-----|---|---|---|---|----|
| 19. | 1 | 2 | 3 | 4 | 5 |
| 20. | 1 | 2 | 3 | 4 | 5- |

Mouth and Teeth:

| | | | | | |
|----------------------------|---|---|---|---|---|
| 21. sores in your mouth | 1 | 2 | 3 | 4 | 5 |
| 22. dry mouth | 1 | 2 | 3 | 4 | 5 |
| 23. too much saliva | 1 | 2 | 3 | 4 | 5 |
| 24. swollen or sore tongue | 1 | 2 | 3 | 4 | 5 |
| 25. bleeding gums | 1 | 2 | 3 | 4 | 5 |
| 26. dental problems | 1 | 2 | 3 | 4 | 5 |

Any other problems with your mouth or teeth (please specify):

| | | | | | |
|-----|---|---|---|---|---|
| 27. | 1 | 2 | 3 | 4 | 5 |
| 28. | 1 | 2 | 3 | 4 | 5 |

Nose and Throat:

| | | | | | |
|---------------------------|---|---|---|---|---|
| 29. nasal congestion | 1 | 2 | 3 | 4 | 5 |
| 30. nose bleeds | 1 | 2 | 3 | 4 | 5 |
| 31. sore throat | 1 | 2 | 3 | 4 | 5 |
| 32. laryngitis | 1 | 2 | 3 | 4 | 5 |
| 33. difficulty swallowing | 1 | 2 | 3 | 4 | 5 |

Any other problems with your nose or throat (please specify):

| | | | | | |
|-----|---|---|---|---|---|
| 34. | 1 | 2 | 3 | 4 | 5 |
| 35. | 1 | 2 | 3 | 4 | 5 |

Chest:

| | | | | | |
|--|---|---|---|---|---|
| 36. chest pain | 1 | 2 | 3 | 4 | 5 |
| 37. shortness of breath | 1 | 2 | 3 | 4 | 5 |
| 38. wheezing | 1 | 2 | 3 | 4 | 5 |
| 39. coughing | 1 | 2 | 3 | 4 | 5 |
| 40. breast or nipple pain or discharge | 1 | 2 | 3 | 4 | 5 |
| 41. breast tenderness | 1 | 2 | 3 | 4 | 5 |

Any other trouble with your chest (please specify):

| | | | | | |
|-----|---|---|---|---|---|
| 42. | 1 | 2 | 3 | 4 | 5 |
| 43. | 1 | 2 | 3 | 4 | 5 |

Heart:

| | | | | | |
|--------------------------|---|---|---|---|---|
| 44. rapid heart rate | 1 | 2 | 3 | 4 | 5 |
| 45. irregular heart beat | 1 | 2 | 3 | 4 | 5 |

Any other trouble with your heart (please specify):

| | | | | | |
|-----|---|---|---|---|---|
| 46. | 1 | 2 | 3 | 4 | 5 |
| 47. | 1 | 2 | 3 | 4 | 5 |

Stomach and Abdomen:

| | | | | | |
|------------------------------------|---|---|---|---|---|
| 48. stomach / abdominal discomfort | 1 | 2 | 3 | 4 | 5 |
| 49. nausea | 1 | 2 | 3 | 4 | 5 |
| 50. vomiting | 1 | 2 | 3 | 4 | 5 |
| 51. heartburn | 1 | 2 | 3 | 4 | 5 |

SAFTEE (3)

Below is a list of complaints people sometimes have. Please read each and circle the number corresponding to how much you have been bothered by that problem in the past week:

1 = not at all 2 = a little bit 3 = moderately 4 = quite a bit 5 = extremely

Muscles, Bones and Joints:

| | | | | | |
|--|---|---|---|---|---|
| 96. aches, pains in muscles, bones or joints | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|

| | | | | | |
|------------------------------|---|---|---|---|---|
| 97. swelling in legs or arms | 1 | 2 | 3 | 4 | 5 |
|------------------------------|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| 98. tingling or numbness in hands or feet | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|

Any other trouble with your muscles, bones, or joints (please specify):

| | | | | | |
|-----|---|---|---|---|---|
| 99. | 1 | 2 | 3 | 4 | 5 |
|-----|---|---|---|---|---|

| | | | | | |
|------|---|---|---|---|---|
| 100. | 1 | 2 | 3 | 4 | 5 |
|------|---|---|---|---|---|

Walking and Moving:

| | | | | | |
|------------------------------------|---|---|---|---|---|
| 101. feeling unsteady on your feet | 1 | 2 | 3 | 4 | 5 |
|------------------------------------|---|---|---|---|---|

| | | | | | |
|------------------------------------|---|---|---|---|---|
| 102. trouble with starting to move | 1 | 2 | 3 | 4 | 5 |
|------------------------------------|---|---|---|---|---|

| | | | | | |
|--|---|---|---|---|---|
| 103. controlling unwanted bodily movements | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| 104. feeling restless or like you cannot stay still | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|

| | | | | | |
|--------------|---|---|---|---|---|
| 105. shaking | 1 | 2 | 3 | 4 | 5 |
|--------------|---|---|---|---|---|

| | | | | | |
|-----------------------------|---|---|---|---|---|
| 106. feeling stiff or rigid | 1 | 2 | 3 | 4 | 5 |
|-----------------------------|---|---|---|---|---|

Any other difficulty with walking or moving (please specify):

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|------|---|---|---|---|---|
| 107. | 1 | 2 | 3 | 4 | 5 |
|------|---|---|---|---|---|

| | | | | | |
|------|---|---|---|---|---|
| 108. | 1 | 2 | 3 | 4 | 5 |
|------|---|---|---|---|---|

Scalp and Skin:

| | | | | | |
|-------------------------------------|---|---|---|---|---|
| 109. rashes, itching, or irritation | 1 | 2 | 3 | 4 | 5 |
|-------------------------------------|---|---|---|---|---|

| | | | | | |
|---------------|---|---|---|---|---|
| 110. bruising | 1 | 2 | 3 | 4 | 5 |
|---------------|---|---|---|---|---|

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|---------------------------------------|---|---|---|---|---|
| 111. increased irritation in sunlight | 1 | 2 | 3 | 4 | 5 |
|---------------------------------------|---|---|---|---|---|

| | | | | | |
|---------------------|---|---|---|---|---|
| 112. sweating a lot | 1 | 2 | 3 | 4 | 5 |
|---------------------|---|---|---|---|---|

Any other trouble with your scalp or skin (please specify):

| | | | | | |
|------|---|---|---|---|---|
| 113. | 1 | 2 | 3 | 4 | 5 |
|------|---|---|---|---|---|

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|------|---|---|---|---|---|
| 114. | 1 | 2 | 3 | 4 | 5 |
|------|---|---|---|---|---|

Other Areas:

| | | | | | |
|----------------------|---|---|---|---|---|
| 115. fever or chills | 1 | 2 | 3 | 4 | 5 |
|----------------------|---|---|---|---|---|

| | | | | | |
|--------------------------------|---|---|---|---|---|
| 116. feeling tired or fatigued | 1 | 2 | 3 | 4 | 5 |
|--------------------------------|---|---|---|---|---|

| | | | | | |
|----------------------|---|---|---|---|---|
| 117. too much energy | 1 | 2 | 3 | 4 | 5 |
|----------------------|---|---|---|---|---|

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|-----------------------------------|---|---|---|---|---|
| 118. jumpiness or feeling jittery | 1 | 2 | 3 | 4 | 5 |
|-----------------------------------|---|---|---|---|---|

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|---|---|---|---|---|---|
| 119. feeling excited, overactive, or elated | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|

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|------------------------------|---|---|---|---|---|
| 120. problems falling asleep | 1 | 2 | 3 | 4 | 5 |
|------------------------------|---|---|---|---|---|

| | | | | | |
|------------------------------|---|---|---|---|---|
| 121. problems staying asleep | 1 | 2 | 3 | 4 | 5 |
|------------------------------|---|---|---|---|---|

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|--------------------------|---|---|---|---|---|
| 122. waking up too early | 1 | 2 | 3 | 4 | 5 |
|--------------------------|---|---|---|---|---|

| | | | | | |
|------------------------|---|---|---|---|---|
| 123. sleeping too much | 1 | 2 | 3 | 4 | 5 |
|------------------------|---|---|---|---|---|

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|------------------------------------|---|---|---|---|---|
| 124. feeling drowsy during the day | 1 | 2 | 3 | 4 | 5 |
|------------------------------------|---|---|---|---|---|

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|--|---|---|---|---|---|
| 125. trouble thinking, concentrating, or remembering | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|

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|--------------------------------------|---|---|---|---|---|
| 126. feeling down, depressed or blue | 1 | 2 | 3 | 4 | 5 |
|--------------------------------------|---|---|---|---|---|

| | | | | | |
|----------------------|---|---|---|---|---|
| 127. feeling anxious | 1 | 2 | 3 | 4 | 5 |
|----------------------|---|---|---|---|---|

| | | | | | |
|-------------------|---|---|---|---|---|
| 128. irritability | 1 | 2 | 3 | 4 | 5 |
|-------------------|---|---|---|---|---|

Any other problems with your thinking, mood, energy, or other aspects of your health (please specify):

| | | | | | |
|------|---|---|---|---|---|
| 129. | 1 | 2 | 3 | 4 | 5 |
|------|---|---|---|---|---|

| | | | | | |
|------|---|---|---|---|---|
| 130. | 1 | 2 | 3 | 4 | 5 |
|------|---|---|---|---|---|

| | | | | | |
|------|---|---|---|---|---|
| 131. | 1 | 2 | 3 | 4 | 5 |
|------|---|---|---|---|---|

| | | | | | |
|------|---|---|---|---|---|
| 132. | 1 | 2 | 3 | 4 | 5 |
|------|---|---|---|---|---|