

Here are some questions about things you can feel in your body

How did you feel over the last 4 weeks?

- | | | never | sometimes | often | |
|-----|---|--------------------------|--------------------------|--------------------------|-------------------------------|
| 1. | I | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | feel dizzy |
| 2. | I | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | feel tired |
| 3. | I | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | have a stomach ache |
| 4. | I | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | feel healthy and good |
| 5. | I | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | feel pain in my arms and legs |
| 6. | I | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | feel weak in my body |
| 7. | I | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | feel well |
| 8. | I | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | have a headache |
| 9. | I | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | feel sick |
| 10. | I | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | feel shaky or shivery |
| 11. | I | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | nauseous |