General Symptom Questionnaire (GSQ-65)

Please write your age:

Please show whether you are O male O female

If you have been diagnosed with any illness or illnesses, please write them below

Please show *how often* you experience the symptoms which appear on the following pages by using the scale:

Have never or almost never experienced the symptom

Less than 3 or 4 times per year

Every month or so

Every week or so

More than once per week

Every day

Please tick the circle that best describes how often you experience the symptom.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Never or almost never | Less than 3 or 4 times per year | Every month or so | Every week or so | More than once per week | Every day |
| Swollen, painful joints | O | O | O | O | **O** | **O** |
| Pain in legs and arms (which is not due to hard exercise) | O | O | O | O | **O** | **O** |
| Pain moving from one place of body to another on different days | O | O | O | O | **O** | **O** |
| Headaches | O | O | O | O | **O** | **O** |
| Stomach pain | O | O | O | O | **O** | **O** |
| Chest pain | O | O | O | O | **O** | **O** |
| Back pain | O | O | O | O | **O** | **O** |
| Sensitive or tender skin | O | O | O | O | **O** | **O** |
| Pain increasing the day after you are active | O | O | O | O | **O** | **O** |
| Fatigue for no reason | O | O | O | O | **O** | **O** |
| Fatigue increasing the day after you are active | O | O | O | O | **O** | **O** |
| Fatigue increasing after a cold or sore throat | O | O | O | O | **O** | **O** |
| Waking up still feeling tired | O | O | O | O | **O** | **O** |
| Mental fog | O | O | O | O | **O** | **O** |
| Difficulty concentrating | O | O | O | O | **O** | **O** |
| Memory problems | O | O | O | O | **O** | **O** |
| Easily feel too cold | O | O | O | O | **O** | O |
| Very cold hands or feet | O | O | O | O | **O** | O |
| Easily feel too hot/sweating | O | O | O | O | **O** | **O** |
| Thirsty all the time | O | O | O | O | **O** | **O** |
|  | Never or almost never | Less than 3 or 4 times per year | Every month or so | Every week or so | More than once per week | Every day |
| Diarrhoea | O | O | O | O | **O** | **O** |
| Constipation | O | O | O | O | **O** | **O** |
| Bloating of the stomach | O | O | O | O | **O** | **O** |
| Heartburn | O | O | O | O | **O** | **O** |
| Nausea for no reason | O | O | O | O | **O** | **O** |
| Intolerant to some food | O | O | O | O | **O** | **O** |
| Depression | O | O | O | O | **O** | **O** |
| Feeling anxious for no reason | O | O | O | O | **O** | **O** |
| Irritable | O | O | O | O | **O** | **O** |
| Jittery. easily startled, often worried | O | O | O | O | **O** | **O** |
| Ringing in ears | O | O | O | O | **O** | **O** |
| Very vivid dreams | O | O | O | O | **O** | **O** |
| Nightmares/night terrors | O | O | O | O | **O** | **O** |
| More clumsy than others | O | O | O | O | **O** | **O** |
| Sensitivity to bright lights | O | O | O | O | **O** | **O** |
| Sensitivity to noise | O | O | O | O | **O** | **O** |
| Difficulty getting to sleep | O | O | O | O | **O** | **O** |
| Waking up often at night | O | O | O | O | **O** | **O** |
| Racing heart | O | O | O | O | **O** | **O** |
| Hands tremble or shake | O | O | O | O | **O** | **O** |
| Face flushes | O | O | O | O | **O** | **O** |
| Blocked nose | O | O | O | O | **O** | **O** |
| Running nose | O | O | O | O | **O** | **O** |
| Itchy skin | O | O | O | O | **O** | **O** |
| Itchy eyes | O | O | O | O | **O** | **O** |
|  | Never or almost never | Less than 3 or 4 times per year | Every month or so | Every week or so | More than once per week | Every day |
| Head cold, sore throat or ‘flu | O | O | O | O | **O** | **O** |
| Mouth ulcers (sores in mouth) | O | O | O | O | **O** | **O** |
| Restless legs | O | O | O | O | **O** | **O** |
| Skin rash | O | O | O | O | **O** | **O** |
| Boils or pimples on face or body | O | O | O | O | **O** | **O** |
| Twitching of eyelid | O | O | O | O | **O** | **O** |
| Twitching other than eyelid | O | O | O | O | **O** | **O** |
| Choking sensations | O | O | O | O | **O** | **O** |
| Feeling faint | O | O | O | O | **O** | **O** |
| Dizziness or loss of balance | O | O | O | O | **O** | **O** |
| Cramps in leg, foot or bottom | O | O | O | O | **O** | **O** |
| Numbness/tingling/pins and needles | O | O | O | O | **O** | **O** |
| Loss of voice | O | O | O | O | **O** | **O** |
| Urinating two or more times per night | O | O | O | O | **O** | **O** |
| Feeling out of breath for no reason | O | O | O | O | **O** | **O** |
| Double vision | O | O | O | O | **O** | **O** |
| Blurred vision | O | O | O | O | **O** | **O** |
| Hair loss | O | O | O | O | **O** | **O** |
| Brittle or thin nails | O | O | O | O | **O** | **O** |
| Feeling very ill for no reason | O | O | O | O | **O** | **O** |