

Renal Symptom Rating Questionnaire

This questionnaire asks you about symptoms that can be associated with kidney conditions and their treatments. You might have experienced some of these symptoms in recent weeks.

For each question, you will find two parts:

for part **(a)** put an "X" in the box to indicate if the symptom has applied to you in recent weeks, regardless of the cause;

for part **(b)** put an "X" in the box to indicate how much the symptom bothers you. **ONLY** answer part (b) if you answered "yes" to part (a).

1	(a)	Have you had chest pain in recent weeks?	No <input type="checkbox"/>	If <i>no</i> , go to next symptom
			Yes <input type="checkbox"/>	If <i>yes</i> , complete (b)
	(b)	If yes , how much has this bothered you?		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		not at all	a little	moderately
				<input type="checkbox"/>
				very much

2	(a)	Have you had palpitations in recent weeks?	No <input type="checkbox"/>	If <i>no</i> , go to next symptom
			Yes <input type="checkbox"/>	If <i>yes</i> , complete (b)
	(b)	If yes , how much have these bothered you?		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		not at all	a little	moderately
				<input type="checkbox"/>
				very much