

AneurysmSRQ

(Aneurysm Symptom Rating Questionnaire)

This questionnaire asks you about symptoms that can be associated with aortic aneurysm and its treatment (including monitoring and any operation/medication). You might have experienced some of these symptoms in recent weeks (i.e. about 4 weeks).

Each question has two parts:

for part **(a)** put an “X” in the box to indicate if you have had the symptom in recent weeks, **regardless of the cause**;

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

1 (a)	Have you felt unusually tired or lethargic 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? <div style="display: flex; justify-content: space-around; width: 100%;"> <input type="checkbox"/> not at all <input type="checkbox"/> a little <input type="checkbox"/> moderately <input type="checkbox"/> a lot </div>

2 (a)	Have you had headaches 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? <div style="display: flex; justify-content: space-around; width: 100%;"> <input type="checkbox"/> not at all <input type="checkbox"/> a little <input type="checkbox"/> moderately <input type="checkbox"/> a lot </div>

3 (a)	Have you felt feverish 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? <div style="display: flex; justify-content: space-around; width: 100%;"> <input type="checkbox"/> not at all <input type="checkbox"/> a little <input type="checkbox"/> moderately <input type="checkbox"/> a lot </div>

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