

# HIVSRQ

This questionnaire asks about symptoms that you might have experienced **in recent weeks (i.e. about 4 weeks)**.

Each question includes 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).

**Please put an "X" in the box to confirm you have read the above:**

<b>1 (a)</b>	Have you had <b>chest pains</b> in recent weeks (i.e. about 4 weeks)? No <input type="checkbox"/> If <i>no</i> , go to next symptom Yes <input type="checkbox"/> If <i>yes</i> , complete (b)
<b>(b)</b>	If <b>yes</b> , how much has this bothered you? <input type="checkbox"/> not at all <input type="checkbox"/> a little <input type="checkbox"/> moderately <input type="checkbox"/> a lot

<b>2 (a)</b>	Have you had <b>palpitations</b> (irregular or fast heartbeats) 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>(b)</b>	If <b>yes</b> , how much has this bothered you? <input type="checkbox"/> not at all <input type="checkbox"/> a little <input type="checkbox"/> moderately <input type="checkbox"/> a lot

**NOT FOR USE: This is a shortened sample only.**

For use of the full questionnaire please contact [info@healthpsychologyresearch.com](mailto:info@healthpsychologyresearch.com)

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