

HIVSRQ

This questionnaire asks about symptoms that you might have experienced **in recent weeks (i.e., around 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:

1 (a)	Have you had chest pains in recent weeks (i.e., around 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)	If yes , 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

2 (a)	Have you had palpitations (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)	If yes , 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

3 (a)	Have you felt short of breath or had trouble breathing 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"/> 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

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