Below is a list of physical and emotional symptoms that people on dialysis may have. For each symptom, please indicate if you had the symptom during the past week by circling “yes” or “no.” If “yes”, please indicate how much that symptom bothered you by circling the appropriate number.

During the past week: Did you experience this symptom?

1. Constipation \_1. Yes \_0. No

1.1. If “yes”: How much did it bother you?

\_1. Not At All \_2. A Little Bit \_3. Somewhat \_4. Quite a Bit \_5. Very Much

2. Nausea \_1. Yes \_0. No

2.1. If “yes”: How much did it bother you?

\_1. Not At All \_2. A Little Bit \_3. Somewhat \_4. Quite a Bit \_5. Very Much

3. Vomiting \_1. Yes \_0. No

3.1. If “yes”: How much did it bother you?

\_1. Not At All \_2. A Little Bit \_3. Somewhat \_4. Quite a Bit \_5. Very Much

4. Diarrhea \_1. Yes \_0. No

4.1. If “yes”: How much did it bother you?

\_1. Not At All \_2. A Little Bit \_3. Somewhat \_4. Quite a Bit \_5. Very Much

5. Decreased Appetite \_1. Yes \_0. No

5.1. If “yes”: How much did it bother you?

\_1. Not At All \_2. A Little Bit \_3. Somewhat \_4. Quite a Bit \_5. Very Much

6. Muscle Cramps \_1. Yes \_0. No

6.1. If “yes”: How much did it bother you?

\_1. Not At All \_2. A Little Bit \_3. Somewhat \_4. Quite a Bit \_5. Very Much

7. Swelling in Legs \_1. Yes \_0. No

7.1. If “yes”: How much did it bother you?

\_1. Not At All \_2. A Little Bit \_3. Somewhat \_4. Quite a Bit \_5. Very Much

8. Shortness of Breath \_1. Yes \_0. No

8.1. If “yes”: How much did it bother you?

\_1. Not At All \_2. A Little Bit \_3. Somewhat \_4. Quite a Bit \_5. Very Much

9. Lightheadedness or dizziness \_1. Yes \_0. No

9.1. If “yes”: How much did it bother you?

\_1. Not At All \_2. A Little Bit \_3. Somewhat \_4. Quite a Bit \_5. Very Much

10. Restless legs or difficulty keeping legs still \_1. Yes \_0. No

10.1. If “yes”: How much did it bother you?

\_1. Not At All \_2. A Little Bit \_3. Somewhat \_4. Quite a Bit \_5. Very Much

11. Numbness or tingling in feet \_1. Yes \_0. No

11.1. If “yes”: How much did it bother you?

\_1. Not At All \_2. A Little Bit \_3. Somewhat \_4. Quite a Bit \_5. Very Much

12. Feeling tired or lack of energy \_1. Yes \_0. No

12.1. If “yes”: How much did it bother you?

\_1. Not At All \_2. A Little Bit \_3. Somewhat \_4. Quite a Bit \_5. Very Much

13. Cough \_1. Yes \_0. No

13.1. If “yes”: How much did it bother you?

\_1. Not At All \_2. A Little Bit \_3. Somewhat \_4. Quite a Bit \_5. Very Much

14. Dry mouth \_1. Yes \_0. No

14.1. If “yes”: How much did it bother you?

\_1. Not At All \_2. A Little Bit \_3. Somewhat \_4. Quite a Bit \_5. Very Much

15.Bone or joint pain \_1. Yes \_0. No

15.1. If “yes”: How much did it bother you?

\_1. Not At All \_2. A Little Bit \_3. Somewhat \_4. Quite a Bit \_5. Very Much

16. Chest pain \_1. Yes \_0. No

16.1. If “yes”: How much did it bother you?

\_1. Not At All \_2. A Little Bit \_3. Somewhat \_4. Quite a Bit \_5. Very Much

17. Headache \_1. Yes \_0. No

17.1. If “yes”: How much did it bother you?

\_1. Not At All \_2. A Little Bit \_3. Somewhat \_4. Quite a Bit \_5. Very Much

18. Muscle Soreness \_1. Yes \_0. No

18.1. If “yes”: How much did it bother you?

\_1. Not At All \_2. A Little Bit \_3. Somewhat \_4. Quite a Bit \_5. Very Much

19. Difficulty concentrating \_1. Yes \_0. No

19.1. If “yes”: How much did it bother you?

\_1. Not At All \_2. A Little Bit \_3. Somewhat \_4. Quite a Bit \_5. Very Much

20. Dry Skin \_1. Yes \_0. No

20.1. If “yes”: How much did it bother you?

\_1. Not At All \_2. A Little Bit \_3. Somewhat \_4. Quite a Bit \_5. Very Much

21. Itching \_1. Yes \_0. No

21.1. If “yes”: How much did it bother you?

\_1. Not At All \_2. A Little Bit \_3. Somewhat \_4. Quite a Bit \_5. Very Much

22. Worrying \_1. Yes \_0. No

22.1. If “yes”: How much did it bother you?

\_1. Not At All \_2. A Little Bit \_3. Somewhat \_4. Quite a Bit \_5. Very Much

23. Feeling nervous \_1. Yes \_0. No

23.1. If “yes”: How much did it bother you?

\_1. Not At All \_2. A Little Bit \_3. Somewhat \_4. Quite a Bit \_5. Very Much

24. Trouble falling asleep \_1. Yes \_0. No

24.1. If “yes”: How much did it bother you?

\_1. Not At All \_2. A Little Bit \_3. Somewhat \_4. Quite a Bit \_5. Very Much

25. Trouble staying asleep \_1. Yes \_0. No

25.1. If “yes”: How much did it bother you?

\_1. Not At All \_2. A Little Bit \_3. Somewhat \_4. Quite a Bit \_5. Very Much

26. Feeling irritable \_1. Yes \_0. No

26.1. If “yes”: How much did it bother you?

\_1. Not At All \_2. A Little Bit \_3. Somewhat \_4. Quite a Bit \_5. Very Much

27. Feeling sad \_1. Yes \_0. No

27.1. If “yes”: How much did it bother you?

\_1. Not At All \_2. A Little Bit \_3. Somewhat \_4. Quite a Bit \_5. Very Much

28. Feeling anxious \_1. Yes \_0. No

28.1. If “yes”: How much did it bother you?

\_1. Not At All \_2. A Little Bit \_3. Somewhat \_4. Quite a Bit \_5. Very Much

29. Decreased interest in sex \_1. Yes \_0. No

29.1. If “yes”: How much did it bother you?

\_1. Not At All \_2. A Little Bit \_3. Somewhat \_4. Quite a Bit \_5. Very Much

30. Difficulty becoming sexually aroused \_1. Yes \_0. No

30.1. If “yes”: How much did it bother you?

\_1. Not At All \_2. A Little Bit \_3. Somewhat \_4. Quite a Bit \_5. Very Much

Notes: Suggested scoring

An overall score can be obtained by summing the Likert scale responses. Range 0 (no symptoms) to 150.

A count of the number of yes responses may also be used.

Reference:

Masood, A., Musarrat, R., Mazahir, S. (2016). Dialysis modality preferences and quality of life of adolescents with renal failure. *International Journal of Medical Research & Health Sciences, 5*(4):182-189

Weisbord SD, Fried LF, Arnold RM, Rotondi AJ, Fine MJ, Levenson DJ, Switzer GE. Development of a symptom assessment instrument for chronic hemodialysis patients: the Dialysis Symptom Index. *J Pain Symptom Manage*. 2004 Mar; 27(3):226-40. PubMed PMID: 15010101