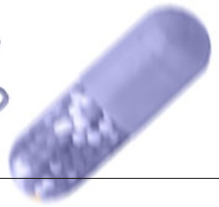
Lurkers



Name: _____

Assessment No:._____ Assessment Date: _____

Please indicate how much you have experienced each of the following symptoms in **the last month** by ticking the appropriate boxes.

	Not At All	Very Little	A Little	Quite a Lot	Very Much
1.Rash	☐	☐	☐	☐	☐
2.Difficulty staying awake during the day	☐	☐	☐	☐	☐
3.Runny nose	☐	☐	☐	☐	☐
4.increased dreaming	☐	☐	☐	☐	☐
5.Headaches	☐	☐	☐	☐	☐
6.Dry mouth	☐	☐	☐	☐	☐
7.Swollen or tender chest	☐	☐	☐	☐	☐
8.Chilblains	☐	☐	☐	☐	☐
9.Difficulty in concentrating	☐	☐	☐	☐	☐
10.Constipation	☐	☐	☐	☐	☐
11.Hair loss	☐	☐	☐	☐	☐
12.Urine darker than usual	☐	☐	☐	☐	☐
13.Period problems	☐	☐	☐	☐	☐
14.Tension	☐	☐	☐	☐	☐
15.Dizziness	☐	☐	☐	☐	☐
16.Feeling sick	☐	☐	☐	☐	☐

	Not At All	Very Little	A Little	Quite a Lot	Very Much
17.Increased sex drive	☐	☐	☐	☐	☐
18.Tiredness	☐	☐	☐	☐	☐
19.Muscle stiffness	☐	☐	☐	☐	☐
20.Palpitations	☐	☐	☐	☐	☐
21.Difficulty remembering things	☐	☐	☐	☐	☐
22.Losing weight	☐	☐	☐	☐	☐
23.Lack of emotions	☐	☐	☐	☐	☐
24.Difficulty achieving climax	☐	☐	☐	☐	☐
25.Weak fingernails	☐	☐	☐	☐	☐
26.Depression	☐	☐	☐	☐	☐
27.Increased sweating	☐	☐	☐	☐	☐
28.Mouth ulcers	☐	☐	☐	☐	☐
29.Slowing of movements	☐	☐	☐	☐	☐
30.Greasy skin	☐	☐	☐	☐	☐
31.Sleeping too much	☐	☐	☐	☐	☐
32.Difficulty passing water	☐	☐	☐	☐	☐
33.Flushing of face	☐	☐	☐	☐	☐
34.Muscle spasms	☐	☐	☐	☐	☐
35.Sensitivity to sun	☐	☐	☐	☐	☐
36.Diarrhoea	☐	☐	☐	☐	☐
37.Over-wet drooling mouth	☐	☐	☐	☐	☐
38.Blurred vision	☐	☐	☐	☐	☐

	Not At All	Very Little	A Little	Quite a Lot	Very Much
39.Putting on weight	☐	☐	☐	☐	☐
40.Restlessness	☐	☐	☐	☐	☐
41.Difficulty getting to sleep	☐	☐	☐	☐	☐
42.Neck muscles aching	☐	☐	☐	☐	☐
43.Shakiness	☐	☐	☐	☐	☐
44.Pins and needles	☐	☐	☐	☐	☐
45.Painful joints	☐	☐	☐	☐	☐
46.Reduced sex drive	☐	☐	☐	☐	☐
47.New or unusual skin marks	☐	☐	☐	☐	☐
48.Parts of body moving of own accord. *For example foot moving up and down.*	☐	☐	☐	☐	☐
49.Itchy skin	☐	☐	☐	☐	☐
50.Periods less frequent	☐	☐	☐	☐	☐
51.Passing a lot of water	☐	☐	☐	☐	☐