Dialysis Symptom Index

The University of Pittsburgh Medical Center

VA Pittsburgh Healthcare System

Patient Id: ____________________
Today's Date: ____________________
Code: ____________________
Interviewer Id: ____________________

Instructions

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?			***If "yes": How much did it bother you?*** Not At All	A Little Bit	Some-what	Quite a Bit	Very Much
1.	Constipation	NO					
		YES →	1	2	3	4	5
2.	Nausea	NO					
		YES →	1	2	3	4	5
3.	Vomiting	NO					
		YES →	1	2	3	4	5
4.	Diarrhea	NO					
		YES →	1	2	3	4	5
5.	Decreased appetite	NO					
		YES →	1	2	3	4	5
6.	Muscle cramps	NO					
		YES →	1	2	3	4	5
7.	Swelling in legs	NO					
		YES →	1	2	3	4	5
8.	Shortness of breath	NO					
		YES →	1	2	3	4	5
9.	Lightheadedness or dizziness	NO					
		YES →	1	2	3	4	5
10.	Restless legs or difficulty keeping legs still	NO					
		YES →	1	2	3	4	5

During the past week: Did you experience this symptom?			If "yes": How much did it bother you? Not At All	A Little Bit	Some-what	Quite a Bit	Very Much
11. Numbness or tingling in feet	NO						
	YES →		1	2	3	4	5
12. Feeling tired or lack of energy	NO						
	YES →		1	2	3	4	5
13. Cough	NO						
	YES →		1	2	3	4	5
14. Dry mouth	NO						
	YES →		1	2	3	4	5
15. Bone or joint pain	NO						
	YES →		1	2	3	4	5
16. Chest pain	NO						
	YES →		1	2	3	4	5
17. Headache	NO						
	YES →		1	2	3	4	5
18. Muscle soreness	NO						
	YES →		1	2	3	4	5
19. Difficulty concentrating	NO						
	YES →		1	2	3	4	5
20. Dry skin	NO						
	YES →		1	2	3	4	5
21. Itching	NO						
	YES →		1	2	3	4	5
22. Worrying	NO						
	YES →		1	2	3	4	5

During the past week: Did you experience this symptom?			***If "yes": How much did it bother you?*** **Not At All**	**A Little Bit**	**Some -what**	**Quite a Bit**	**Very Much**
23. Feeling nervous	NO						
	YES	→	1	2	3	4	5
24. Trouble falling asleep	NO						
	YES	→	1	2	3	4	5
25. Trouble staying asleep	NO						
	YES	→	1	2	3	4	5
26. Feeling irritable	NO						
	YES	→	1	2	3	4	5
27. Feeling sad	NO						
	YES	→	1	2	3	4	5
28. Feeling anxious	NO						
	YES	→	1	2	3	4	5
29. Decreased interest in sex	NO						
	YES	→	1	2	3	4	5
30. Difficulty becoming sexually aroused	NO						
	YES	→	1	2	3	4	5