Symptom Assessment

Instructions: This questionnaire captures symptoms that can occur in persons with liver disease. For each of these you are asked whether you have the symptom and how much you are bothered by it. For each symptom, mark one box, depending on whether you are not bothered by it at all ("none at all") or either "a little bit", "moderately", "quite a bit", or "extremely" bothered by it. If you do not have the symptom, you should mark "none at all".

Form completed by *(check all that apply)*:
☐ Patient **COMP**   ☐ Coordinator **COMC**   ☐ Interpreter **COMI**
☐ Family member/friend **COMF** ☐ Other **COMO**

During the last month, how much have you been bothered by the following:

	None at all	A little bit	Moderately	Quite a bit	Extremely
Fatigue **SAFAT**	☐	☐	☐	☐	☐
Pain over liver **SAPLIV**	☐	☐	☐	☐	☐
Nausea **SANAU**	☐	☐	☐	☐	☐
Poor appetite **SAAPP**	☐	☐	☐	☐	☐
Weight loss **SAWGT**	☐	☐	☐	☐	☐
Itching **SAITCH**	☐	☐	☐	☐	☐
Irritability **SAIRR**	☐	☐	☐	☐	☐
Depression/sadness **SADEPR**	☐	☐	☐	☐	☐
Jaundice **SAJAU**	☐	☐	☐	☐	☐
Dark urine **SAURN**	☐	☐	☐	☐	☐

Thank you for completing this questionnaire!