

Date _____

FAP SYMPTOM QUESTIONNAIRE

Answer each item by filling out the figure that best matches your current disease state.

0	1, 2, 3	4, 5, 6	7, 8, 9	10
No symptoms	Mild symptoms	Considerable symptoms	Severe symptoms	Unbearable symptoms

Bodily symptoms

- Nausea _____
- Vomiting _____
- Diarrhea _____
- Constipation _____
- Accidental bowel leakage _____
- Loss of appetite _____
- Weight loss _____
- Dizziness _____
- Fainting _____
- Fatigue _____
- Bladder emptying problems _____
- Impotence _____
- Visual disturbances _____
- Arm pain _____
- Leg pain _____
- Sensory loss in the arms _____
- Sensory loss in the legs _____
- Reduced arm muscle strength _____
- Reduced leg muscle strength _____
- Difficulty walking _____
- Difficulty gripping _____

Do you suffer from any additional symptom?

If so, please state and grade the symptom here: _____

Answer each item by filling out the figure that best matches your current disease state.

0	1, 2, 3	4, 5, 6	7, 8, 9	10
No symptoms	Mild symptoms	Considerable symptoms	Severe symptoms	Unbearable symptoms

Mental symptoms

- Anxiety _____
- Stress/tension _____
- Restlessness _____
- Irritability _____
- Shiftlessness _____
- Depression _____
- Indifference _____
- Tiredness of life _____
- Sleep disturbances _____
- Attention problems _____
- Concentration difficulties _____
- Memory problems _____
- Impaired judgement _____
- Communication difficulties _____

Do you suffer from any additional symptom?
If so, please state and grade the symptom here: _____
