

IPOS-NEURO

Q1. What have been your main problems or concerns over the past 3 days?

- 1.....
- 2.....
- 3.....

Q2. Below is a list of symptoms you may or may not have experienced. For each symptom, please tick one box that best describes how it has affected you over the past 3 days.

	Not at all	Slightly	Moderately	Severely	Overwhelmingly
Pain					
Shortness of breath					
Nausea (feeling like you are going to be sick)					
Vomiting (being sick)					
Poor appetite					
Constipation					
Sore or dry mouth					
Drowsiness					
Poor mobility					
Spasm					
Fatigue or lack of energy					
Difficulty in sleeping					
Difficulty with bowel control					
Difficulty controlling urine					
Pressure sores					
Problems using your arms					
Problems using your legs					
Difficulty communicating					
Dribbling of saliva					
Falls					
Hallucinations					
Mouth problems					
Less or change in your ability to taste or smell					
Unexplained change in weight (not due to change in diet)					
Problems remembering things that have happened recently or forgetting to do things					
Loss of interest in what is happening around you or in doing things					
Difficulty concentrating or staying focused					

Feeling less interested in sex or more interested in sex					
Finding light-headed, dizzy or weak standing from sitting or lying					
Excessive sweating					
Double vision					
Please list any other symptoms not motioned above, and tick one box to show the have affected you over the 3 days.					

Over the past 3 days:

	Not at all	Occasionally	Sometimes	Most of time	Always
Q3. Have you been feeling anxious or worried about your illness or treatment?					
Q4. Have any of your family or friends been anxious or worried about you?					
Q5. Have you been feeling depressed?					
	Always	Most of the time	Sometimes	Occasionally	Not at all
Q6. Have you felt peace?					
Q7. Have you been able to share haw you are feeling with your family or friends as much as you wanted?					
Q8. Have you had as much information as you wanted?					

	No problems	Problems addressed	Problems addressed/ mostly addressed	Problems partly addressed	Problems hardly addressed/ not addressed
Q9. Have you any practical problems resulting from your illness been addressed (such as financial or personal)?					
	Not at all	Up to half a day wasted	More than half day wasted		
Q10. How much time do you feel has been wasted on appointments relating to your healthcare, e.g. waiting around for transport or repeating tests?					
	On my own		With help from friend relative	With help of a staff member	
Q11. How did you complete this questionnaire?					