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**IPOS Neuro-S8 Patient Version**

www.pos-pal.org

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

1..........................................................................................................................................................

2..........................................................................................................................................................

3. ........................................................................................................................................................

**Q2. Below is a list of symptoms, which 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** | | **Over-whelmingly** |
| **Pain** | | 0□ | 1□ | | 2□ | 3□ | | 4□ |
| **Shortness of breath** | | 0□ | 1□ | | 2□ | 3□ | | 4□ |
| **Nausea (feeling like you are going to be sick)** | | 0□ | 1□ | | 2□ | 3□ | | 4□ |
| **Vomiting (being sick)** | | 0□ | 1□ | | 2□ | 3□ | | 4□ |
| **Constipation** | | 0□ | 1□ | | 2□ | 3□ | | 4□ |
| **Mouth problems** | | 0□ | 1□ | | 2□ | 3□ | | 4□ |
| **Spasms** | | 0□ | 1□ | | 2□ | 3□ | | 4□ |
| **Difficulty in sleeping** | | 0□ | 1□ | | 2□ | 3□ | | 4□ |
|  | |  |  | |  |  | |  |
|  | **On my own** | | | **With help from a friend or relative** | | | **With help from a member of staff** | |
| **Q3. How did you complete this questionnaire?** | 1□ | | | 2□ | | | 3□ | |

*If you are worried about any of the issues raised on this questionnaire please speak to your doctor or nurse*