BRITISH SPINE REGISTRY

Name_____

Date_____

Please read each statement and decide how much of the time the statement describes how you have been feeling during the past several days

Place a tick in the best column	Not at all	A little slightly	A great deal quite a bit	Extremely could not have been worse
1. feeling hot all over				
2. sweating all over				
3. dizziness				
4. blurring of vision				
5. feeling faint				
6. nausea				
7. pain or ache in the stomach				
8. stomach churning				
9. mouth becoming dry				
10. muscles in neck aching				
11. legs feeling weak				
12. muscles twitching and jumping				
13. tense feeling across forehead				