

## Attachment 5

### Wellness Survey

OMB CONTROL #: 0925-XXX

EXPIRATION DATE: MM/DD/YYYY

Public reporting burden for this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx). Do not return the completed form to this address.

Study: **MSD**  
Participant: \_\_\_\_\_  
Visit: \_\_\_\_\_  
Date: \_\_\_\_\_

**WELLNESS SURVEY**

Directions: Circle one option for each symptom to indicate whether that symptom applies to you right now.

1. General Discomfort.....None.....Slight.....Moderate.....Severe
2. Fatigue .....None.....Slight.....Moderate.....Severe
3. Headache .....None.....Slight.....Moderate.....Severe
4. Eye Strain .....None.....Slight.....Moderate.....Severe
5. Difficulty Focusing .....None.....Slight.....Moderate.....Severe
6. Salivation Increased .....None.....Slight.....Moderate.....Severe
7. Sweating .....None.....Slight.....Moderate.....Severe
8. Nausea .....None.....Slight.....Moderate.....Severe
9. Difficulty Concentrating .....None.....Slight.....Moderate.....Severe
10. \*\*“Fullness of the Head” .....None.....Slight.....Moderate.....Severe
11. Blurred Vision .....None.....Slight.....Moderate.....Severe
12. Dizziness with Eyes Open .....None.....Slight.....Moderate.....Severe
13. Dizziness with Eyes Closed .....None.....Slight.....Moderate.....Severe
14. \*\*\*Vertigo .....None.....Slight.....Moderate.....Severe
15. \*\*\*Stomach Awareness .....None.....Slight.....Moderate.....Severe
16. Burping.....None.....Slight.....Moderate.....Severe
17. Vomiting.....None.....Slight.....Moderate.....Severe
18. Other \_\_\_\_\_ .....None.....Slight.....Moderate.....Severe

\* Fullness of the head is an awareness of pressure in the head.

\*\*Vertigo is experienced as loss of orientation with respect to vertical upright.

\*\*\*Stomach awareness is a feeling of discomfort which is just short of nausea.