

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 burdened 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-xxx).

Study name

Subject number

Date (mm/dd/yyyy)

Time (24 hour clock)

Experimenter initials

NEXT

Wellness Survey

Select one option for each symptom to indicate whether that symptom applies to you right now.

BACK

NEXT



“Fullness of the Head” - Fullness of the head is an awareness of pressure in the head.

- | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| None | Slight | Moderate | Severe |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Blurred Vision

- | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| None | Slight | Moderate | Severe |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Dizziness with Eyes Open

- | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| None | Slight | Moderate | Severe |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Dizziness with Eyes Closed

- | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| None | Slight | Moderate | Severe |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

- | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| None | Slight | Moderate | Severe |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Stomach Awareness - Stomach awareness is a feeling of discomfort which is just short of nausea.

- | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| None | Slight | Moderate | Severe |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Burping

- | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| None | Slight | Moderate | Severe |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Vomiting

- | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| None | Slight | Moderate | Severe |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Are you experiencing any other symptoms RIGHT NOW?

- Yes
- No

What other symptom are you experiencing?

How severe is your other symptom?

Slight

Moderate

Severe

BACK

NEXT

Thank you for completing our questionnaire.

At this time, please notify the experimenter that you have finished.

BACK

NEXT

Experimenter initials

BACK

NEXT

We thank you for your time spent taking this survey.
Your response has been recorded.