

This questionnaire asks about different physical symptoms or body experiences, which you may have had either briefly or for a longer time.

Please indicate to what extent these experiences apply to you **in the past year**.

For each statement, please circle the number in the first column that best applies to YOU. The possibilities are:

- 1 = this applies to me NOT AT ALL
- 2 = this applies to me A LITTLE
- 3 = this applies to me MODERATELY
- 4 = this applies to me QUITE A BIT
- 5 = this applies to me EXTREMELY

If a symptom or experience applies to you, please indicate whether a **physician** has connected it with a **physical disease**.

Indicate this by circling the word YES or NO in the column "Is the physical cause known?"

If you wrote YES, please write the physical cause (if you know it) on the line.

Example:

Extent to which the symptom or experience applies to you	Is the physical cause known?
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Sometimes:

my teeth chatter	1 2 3 4 5 NO YES, namely
I have cramps in my calves	1 2 3 4 5 NO YES, namely

If you have circled a 1 in the first column (i.e., This applies to me NOT AT ALL), you do NOT have to respond to the question about whether the physical cause is known.

On the other hand, if you circle 2, 3, 4, or 5, you MUST circle No or YES in the "Is the physical cause known?" column.

Please do not skip any of the 20 questions.

Thank you for your cooperation.

Here are the questions:

- 1 = this applies to me NOT AT ALL
- 2 = this applies to me A LITTLE
- 3 = this applies to me MODERATELY
- 4 = this applies to me QUITE A BIT
- 5 = this applies to me EXTREMELY

	Extent to which the symptom or experience applies to you	No	Yes, namely cause known?
Sometimes:			
1. I have trouble urinating	1 2 3 4 5	No	Yes, namely
2. I dislike tastes that I usually like (women: at times OTHER THAN pregnancy or monthly periods)	1 2 3 4 5	No	Yes, namely
3. I hear sounds from nearby as if they were coming from far away	1 2 3 4 5	No	Yes, namely
4. I have pain while urinating	1 2 3 4 5	No	Yes, namely
5. My body, or a part of it, feels numb	1 2 3 4 5	No	Yes, namely
6. People and things look bigger than usual	1 2 3 4 5	No	Yes, namely
7. I have an attack that resembles an epileptic seizure	1 2 3 4 5	No	Yes, namely
8. My body, or a part of it, is insensitive to pain	1 2 3 4 5	No	Yes, namely
9. I dislike smells that I usually like	1 2 3 4 5	No	Yes, namely
10. I feel pain in my genitals (at times OTHER THAN sexual intercourse)	1 2 3 4 5	No	Yes, namely

- 1 = this applies to me NOT AT ALL
 2 = this applies to me A LITTLE
 3 = this applies to me MODERATELY
 4 = this applies to me QUITE A BIT
 5 = this applies to me EXTREMELY

	Extent to which the symptom or experience applies to you	Is the physical cause known?	
Sometimes:			
11. I cannot hear for a while (as if I am deaf)	1 2 3 4 5	No	Yes, namely
12. I cannot see for a while (as if I am blind)	1 2 3 4 5	No	Yes, namely
13. I see things around me differently than usual (for example as if looking through a tunnel, or seeing merely a part of an object)	1 2 3 4 5	No	Yes, namely
14. I am able to smell much BETTER or WORSE than I usually do (even though I do <u>not</u> have a cold)	1 2 3 4 5	No	Yes, namely
15. It is as if my body, or a part of it, has disappeared	1 2 3 4 5	No	Yes, namely
16. I cannot swallow, or can swallow only with great effort	1 2 3 4 5	No	Yes, namely
17. I cannot sleep for nights on end, but remain very active during daytime	1 2 3 4 5	No	Yes, namely
18. I cannot speak (or only with great effort) or I can only whisper	1 2 3 4 5	No	Yes, namely
19. I am paralysed for a while	1 2 3 4 5	No	Yes, namely
20. I grow stiff for a while	1 2 3 4 5	No	Yes, namely

Before continuing, will you please check whether you have responded to all 20 statements?

You are asked to fill in and place an X beside what applies to you.

21. Age: years
22. Sex: female
 male
23. Marital status: single
 married
 living together
 divorced
 widower/widow
24. Education: number of years
25. Date:
26. Name: