

## Somatic Symptom Scale – 8 (SSS-8)

During the <u>past 7 days</u> , how much have you been bothered by any of the following problems?					
	Not at all	A little bit	Somewhat	Quite a bit	Very much
Stomach or bowel problems	0	1	2	3	4
Back pain	0	1	2	3	4
Pain in your arms, legs, or joints	0	1	2	3	4
Headaches	0	1	2	3	4
Chest pain or shortness of breath	0	1	2	3	4
Dizziness	0	1	2	3	4
Feeling tired or having low energy	0	1	2	3	4
Trouble sleeping	0	1	2	3	4