

## BESS Plus (2007)

We are interested in knowing whether you have had any of the following problems during the **PAST FOUR WEEKS**. Please mark the number which best describes how much each problem bothered you.

PROBLEM		Not at all	Slightly	Moderately	Quite a bit	Extremely
C1	Difficulty concentrating	0	1	2	3	4
C2	Easily distracted	0	1	2	3	4
C3	Forgetfulness	0	1	2	3	4
M1	Joint pain	0	1	2	3	4
M2	Muscle stiffness	0	1	2	3	4
M3	General aches and pains	0	1	2	3	4
V1	Night sweats	0	1	2	3	4
V2	Hot flashes	0	1	2	3	4
V3	Cold sweats	0	1	2	3	4
Ga1	Vomiting	0	1	2	3	4
Ga2	Nausea	0	1	2	3	4
Ga3	Diarrhea	0	1	2	3	4
D1	Vaginal dryness	0	1	2	3	4
D2	Pain with intercourse	0	1	2	3	4
W1	Weight gain	0	1	2	3	4
W2	Unhappy with the appearance of my body	0	1	2	3	4
Gy1	Vaginal discharge	0	1	2	3	4
Gy2	Genital itching/irritation	0	1	2	3	4
Gy3	Vaginal bleeding or spotting	0	1	2	3	4
B1	Difficulty with bladder control (when laughing or crying)	0	1	2	3	4
B2	Difficulty with bladder control (at other times)	0	1	2	3	4

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PROBLEM		Not at all	Slightly	Moderately	Quite a bit	Extremely
P1	Headaches	0	1	2	3	4
P2	Blind spots, fuzzy vision	0	1	2	3	4
P3	Breast sensitivity/tenderness	0	1	2	3	4
P4	Weight loss	0	1	2	3	4
P5	Decreased appetite	0	1	2	3	4
P6	Abdominal pain	0	1	2	3	4
P7	Pain or cramps in the legs or feet	0	1	2	3	4
P8	Back pain or problems	0	1	2	3	4
P9	Low energy	0	1	2	3	4
	Any other problems?	Please Specify:				