

# **Somatic Symptom Scale-8 (SSS-8)**

## **English Version**

Patient ID: \_\_\_\_\_

Date: \_\_\_\_\_

Notes:

[illegible]

## Somatic Symptom Scale 8 (SSS-8)

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

**Column totals:** \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

**Total score:** \_\_\_\_\_