

Participant ID:					

Date: 

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### Baseline Participant Reported Symptoms

**Please read each statement then tick one response**

Over the last week, how much have the following symptoms affected you?

Symptom	Not at all	A little	Somewhat	Quite a lot	A great deal
Feeling tired					
Being out of breath when I walk					
Being out of breath when I am at rest					
Feeling dizzy or lightheaded					
Having a sore tongue					
Having restless legs during sleep					
Having cramps in my legs at night					