MICHIGAN AUTONOMIC SYMPTOM SURVEY (MASS)

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	Have you had any of the following health symptoms during the past 6 months?	If you answered yes, how much would you say the symptom bothers you?				
		Not at all	A Little	Some	A Moderate Amount	A Lot
1. Do you have lightheadedness?	Yes / No	☐	☐	☐	☐	☐
2. Do you have a dry mouth or dry eyes?	Yes / No	☐	☐	☐	☐	☐
3. Are your feet pale or blue?	Yes / No	☐	☐	☐	☐	☐
4. Are your feet colder than the rest of your body?	Yes / No	☐	☐	☐	☐	☐
5. Is sweating in your feet decreased compared to the rest of your body?	Yes / No	☐	☐	☐	☐	☐
6. Is sweating in your feet decreased or absent (for example after exercise or during hot weather)?	Yes / No	☐	☐	☐	☐	☐
7. Is sweating in your hands increased compared to the rest of your body?	Yes / No	☐	☐	☐	☐	☐
8. Do you have nausea, vomiting, or bloating after eating a small meal?	Yes / No	☐	☐	☐	☐	☐
9. Do you have persistent diarrhea (More than 3 loose bowel movements per day)?	Yes / No	☐	☐	☐	☐	☐
10. Do you have persistent constipation (less than 1 bowel movement every other day)?	Yes / No	☐	☐	☐	☐	☐
11. Do you have leaking of urine?	Yes / No	☐	☐	☐	☐	☐