

Ascites Impact Measure

These questions are designed to record how the build-up of fluid in your abdomen (ascites) is affecting you physically.

The following questions ask you to think back over the **past 24 hours** and give an average of the **level of ascites impact** as defined in the questions. Please check **the one option** that best reflects your situation over the past 24 hours.

Today's date: |_|_|_|_| |_|_|_|_| |_|_|_|_|_|_|_|_|_|
 MM DD YYYY

Number of day since your last paracentesis: + |_|_|_| |_|_| days

Thank you for your time.

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1. Over the past 24 hours, what was your average level of **abdominal discomfort** due to build-up of fluid in your abdomen (ascites)?

<input type="checkbox"/> ₀ No Discomfort	<input type="checkbox"/> ₁ Very Mild Discomfort	<input type="checkbox"/> ₂ Mild Discomfort	<input type="checkbox"/> ₃ Moderate Discomfort	<input type="checkbox"/> ₄ Severe Discomfort	<input type="checkbox"/> ₅ Very Severe Discomfort
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2. Over the past 24 hours, what was your average level of **abdominal bloating** due to build-up of fluid in your abdomen (ascites)?

<input type="checkbox"/> ₀ No Bloating	<input type="checkbox"/> ₁ Very Mild Bloating	<input type="checkbox"/> ₂ Mild Bloating	<input type="checkbox"/> ₃ Moderate Bloating	<input type="checkbox"/> ₄ Severe Bloating	<input type="checkbox"/> ₅ Very Severe Bloating
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3. Over the past 24 hours, what was your average level of **abdominal pain** due to build-up of fluid in your abdomen (ascites)?

<input type="checkbox"/> ₀ No Pain	<input type="checkbox"/> ₁ Very Mild Pain	<input type="checkbox"/> ₂ Mild Pain	<input type="checkbox"/> ₃ Moderate Pain	<input type="checkbox"/> ₄ Severe Pain	<input type="checkbox"/> ₅ Very Severe Pain
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4. Over the past 24 hours, how much did the amount of fluid in your abdomen (ascites) impact your **ability to move normally**?

<input type="checkbox"/> ₀ No Impact	<input type="checkbox"/> ₁ Very Mild Impact	<input type="checkbox"/> ₂ Mild Impact	<input type="checkbox"/> ₃ Moderate Impact	<input type="checkbox"/> ₄ Severe Impact	<input type="checkbox"/> ₅ Very Severe Impact
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