

Physical Symptoms Checklist 51

The following 51 physical symptoms occur frequently. Please indicate for each of them if you have been bothered by any of them during the last 7 days. You can choose one of the following answers:

- 0: I was not bothered by this
- 1: I was sometimes bothered by this
- 2: I was regularly bothered by this
- 3: I was often bothered by this

For each of the symptoms, circle the number that applies to you.

	Symptom	Not	Some-times	Regu-larly	Often
1	General fatigue or listlessness	0	1	2	3
2	Being easily fatigued	0	1	2	3
3	Shortness of breath without exercise	0	1	2	3
4	Palpitations	0	1	2	3
5	Chest pain or discomfort	0	1	2	3
6	Feeling dizzy	0	1	2	3
7	Fainting	0	1	2	3
8	Difficulty falling or staying asleep	0	1	2	3
9	Sleepiness	0	1	2	3
10	Forgetfulness	0	1	2	3
11	Numbness or tingling sensations	0	1	2	3
12	Trembling or shaking	0	1	2	3
13	Muscle weakness or paralysis	0	1	2	3
14	Muscle tension	0	1	2	3
15	Muscle aches or stiffness	0	1	2	3
16	Difficulty walking	0	1	2	3
17	Loss of voice	0	1	2	3
18	Deafness	0	1	2	3
19	Double vision, blurred vision	0	1	2	3
20	Blindness	0	1	2	3
21	Seizures	0	1	2	3
22	Nausea	0	1	2	3
23	Vomiting	0	1	2	3
24	Dry mouth	0	1	2	3
25	Difficulty swallowing	0	1	2	3

	Symptom	Not	Some- times	Regu- larly	Often
26	Choking frequently	0	1	2	3
27	Poor tolerance of certain foods	0	1	2	3
28	Lack of appetite	0	1	2	3
29	Weight loss	0	1	2	3
30	Heartburn	0	1	2	3
31	Abdominal distress	0	1	2	3
32	Abdominal bloating	0	1	2	3
33	Diarrhea	0	1	2	3
34	Constipation	0	1	2	3
35	Flatulence	0	1	2	3
36	Sweating	0	1	2	3
37	Hot flushes	0	1	2	3
38	Heat intolerance	0	1	2	3
39	Cold chills	0	1	2	3
40	Intolerance for cold	0	1	2	3
41	Headache	0	1	2	3
42	Pain in the joints	0	1	2	3
43	Pain in arms or legs	0	1	2	3
44	Back pain	0	1	2	3
45	Other pain	0	1	2	3
46	Frequent urinating	0	1	2	3
47	Difficulty urinating	0	1	2	3
48	Pain urinating	0	1	2	3
49	Burning feeling genitals or anus	0	1	2	3
50	Painful intercourse	0	1	2	3
51	Lack of sexual interest	0	1	2	3

Scoring: Count the scores for each item. Range: 0-153

A score of 1 or more counts as presence of the symptom.

When using the questionnaire, please cite this publication:

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Symptoms can be classified according to the following clusters:

<i>General malaise</i>	<i>Autonomic</i>	<i>Musculo-skeletal</i>	<i>Gastro-intestinal</i>	<i>Loss of (neurological) function</i>	<i>Hot Flushes</i>	<i>Urogenital</i>
<ul style="list-style-type: none"> • General fatigue or listlessness • Being easily fatigued • Difficulty falling or staying asleep • Sleepiness • Forgetfulness • Lack of appetite • Weight loss 	<ul style="list-style-type: none"> • Shortness of breath without exercise • Palpitations • Chest pain/discomfort • Feeling dizzy • Numbness or Tingling sensations • Trembling or shaking • Double/blurred vision 	<ul style="list-style-type: none"> • Pain in the joints • Pain in arms or legs • Back pain • Other pain • Tense muscles • Muscle aches or stiffness • Difficulty walking 	<ul style="list-style-type: none"> • Heartburn • Stomach pain • Abdominal distress • Diarrhoea • Constipation • Flatulence • Poor tolerance of certain foods 	<ul style="list-style-type: none"> • Fainting • Loss of voice • Deafness • Blindness • Seizures • Choking frequently 	<ul style="list-style-type: none"> • Sweatiness • Hot flushes • Heat intolerance 	<ul style="list-style-type: none"> • Difficulty urinating • Pain urinating • Burning feeling genitals or anus • Painful intercourse