

SoFAH study Symptoms Questionnaire**IRAS number: 281233**

Study ID number:

Required help with completion? (please circle): Yes / No

Date completed :

	Yes	No
Q1: Do you have episodes of burning pain in hands or feet?		
Q2: Do you sweat?		
Q3: Do you find heat unbearable?		
Q4: Do you have abdominal pain, nausea, and or diarrhoea without a cause?		
Q5: Do have you small red/purple spots on skin?		
Q6: Do any of your family members have kidney disease?		
Q7: Do any of your family members have heart disease or stroke?		