## ALTAIR Study

### DASS-21 Form

**Date:**

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

**Week:**

| 0 | 48 | 96 |

**Patient ID Number:**

|      |      |      |      |      |

**Initials:**

|      |      |      |

**Date of Birth:**

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

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### Description of Symptoms

- **0**
  - General distress
- **1**
  - Difficulty in breathing
- **2**
  - Difficulty in swallowing
- **3**
  - Nausea
- **4**
  - Difficulty in thinking
- **5**
  - Difficulty in concentration
- **6**
  - Difficulty in speech
- **7**
  - Difficulty in thinking
- **8**
  - Difficulty in bodily functions
- **9**
  - Difficulty in eating
- **10**
  - Difficulty in sleeping
- **11**
  - Difficulty in thinking
- **12**
  - Difficulty in focusing
- **13**
  - Difficulty in coordination
- **14**
  - Difficulty in thinking
- **15**
  - Difficulty in concentration
- **16**
  - Difficulty in executing plans
- **17**
  - Difficulty in thinking
- **18**
  - Difficulty in bodily functions
- **19**
  - Difficulty in thinking
- **20**
  - Difficulty in eating
- **21**
  - Difficulty in thinking