



Centre: _____

Number of registry: _____

Date / days from admission: _____ / _____

PAN-PROMISE SYMPTOM SCALE

This questionnaire should be answered directly by the patient

Instructions

Please indicate for each symptom the highest intensity you have had in the last 24 hours

The intensity is scored between 0 (none) and 10 (maximum possible intensity of the symptom)

Symptom	Score (0 to 10)
Pain , especially in the abdomen, chest or back	
Abdominal distention (bloating, sensation of excess gas)	
Difficulty eating , sensation of food being stuck in the stomach	
Difficulty with bowel movements (constipation or straining on bowel movements)	
Nausea and/or vomiting	
Thirst	
Weakness , lack of energy, fatigue, difficulty moving	

The PAN-PROMISE scale can be used freely without permission from the authors.
Original article: de-Madaria E et al, Gut 2021 <https://doi.org/10.1136/gutjnl-2020-320729>