Below is a list of statements that other people with your illness have said are important. **Please circle or mark one number per line to indicate your response as it applies to the past 7 days.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Not at all** | | **A little bit** | **Somewhat** | **Quite a bit** | **Very much** |
|  |
| An7 | I am able to do my usual activities | | 0 | 1 | 2 | 3 | 4 |
| Th3 | I worry about problems with bruising or bleeding | | 0 | 1 | 2 | 3 | 4 |
| Th4 | I worry about the possibility of serious bleeding | | 0 | 1 | 2 | 3 | 4 |
| Th10 | I avoid or limit physical activity (because of concern with bleeding or bruising) | | 0 | 1 | 2 | 3 | 4 |
| Th11 | I avoid or limit social activity (because of concern with bleeding or bruising) | | 0 | 1 | 2 | 3 | 4 |
| Th12 | I am frustrated by not being able to do my usual activities | | 0 | 1 | 2 | 3 | 4 |