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.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **PHYSICAL WELL-BEING** | **Not at all** | **A little bit** | **Somewhat** | **Quite a bit** | **Very much** |
|  |
| GP1 | I have a lack of energy  | 0 | 1 | 2 | 3 | 4 |
| GP2 | I have nausea  | 0 | 1 | 2 | 3 | 4 |
| GP3 | Because of my physical condition, I have trouble meeting the needs of my family  | 0 | 1 | 2 | 3 | 4 |
| GP4 | I have pain  | 0 | 1 | 2 | 3 | 4 |
| GP5 | I am bothered by side effects of treatment  | 0 | 1 | 2 | 3 | 4 |
| GP6 | I feel ill  | 0 | 1 | 2 | 3 | 4 |
| GP7 | I am forced to spend time in bed  | 0 | 1 | 2 | 3 | 4 |
|  |
|  | **SOCIAL/FAMILY WELL-BEING** | **Not at all** | **A little bit** | **Somewhat** | **Quite a bit** | **Very much** |
|  |
| GS1 | I feel close to my friends  | 0 | 1 | 2 | 3 | 4 |
| GS2 | I get emotional support from my family  | 0 | 1 | 2 | 3 | 4 |
| GS3 | I get support from my friends  | 0 | 1 | 2 | 3 | 4 |
| GS4 | My family has accepted my illness  | 0 | 1 | 2 | 3 | 4 |
| GS5 | I am satisfied with family communication about my illness  | 0 | 1 | 2 | 3 | 4 |
| GS6 | I feel close to my partner (or the person who is my main support)  | 0 | 1 | 2 | 3 | 4 |
| Q1 | *Regardless of your current level of sexual activity, please answer the following question. If you prefer not to answer it, please mark this box and go to the next section.* |  |  |  |  |  |
| GS7 | I am satisfied with my sex life  | 0 | 1 | 2 | 3 | 4 |

**Please circle or mark one number per line to indicate your response as it applies to the past 7 days.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **EMOTIONAL WELL-BEING** | **Not at all** | **A little bit** | **Somewhat** | **Quite a bit** | **Very much** |
|  |
| GE1 | I feel sad  | 0 | 1 | 2 | 3 | 4 |
| GE2 | I am satisfied with how I am coping with my illness  | 0 | 1 | 2 | 3 | 4 |
| GE3 | I am losing hope in the fight against my illness  | 0 | 1 | 2 | 3 | 4 |
| GE4 | I feel nervous  | 0 | 1 | 2 | 3 | 4 |
| GE5 | I worry about dying  | 0 | 1 | 2 | 3 | 4 |
| GE6 | I worry that my condition will get worse  | 0 | 1 | 2 | 3 | 4 |
|  |
|  | **FUNCTIONAL WELL-BEING** | **Not at all** | **A little bit** | **Somewhat** | **Quite a bit** | **Very much** |
|  |
| GF1 | I am able to work (include work at home)  | 0 | 1 | 2 | 3 | 4 |
| GF2 | My work (include work at home) is fulfilling  | 0 | 1 | 2 | 3 | 4 |
| GF3 | I am able to enjoy life  | 0 | 1 | 2 | 3 | 4 |
| GF4 | I have accepted my illness  | 0 | 1 | 2 | 3 | 4 |
| GF5 | I am sleeping well  | 0 | 1 | 2 | 3 | 4 |
| GF6 | I am enjoying the things I usually do for fun  | 0 | 1 | 2 | 3 | 4 |
| GF7 | I am content with the quality of my life right now  | 0 | 1 | 2 | 3 | 4 |

**Please circle or mark one number per line to indicate your response as it applies to the past 7 days.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **ADDITIONAL CONCERNS** | **Not at all** | **A little bit** | **Somewhat** | **Quite a bit** | **Very much** |
|  |
| ES1 | I have hot flashes/hot flushes  | 0 | 1 | 2 | 3 | 4 |
| ES2 | I have cold sweats  | 0 | 1 | 2 | 3 | 4 |
| ES3 | I have night sweats  | 0 | 1 | 2 | 3 | 4 |
| ES4 | I have vaginal discharge  | 0 | 1 | 2 | 3 | 4 |
| ES5 | I have vaginal itching/irritation  | 0 | 1 | 2 | 3 | 4 |
| ES6 | I have vaginal bleeding or spotting  | 0 | 1 | 2 | 3 | 4 |
| ES7 | I have vaginal dryness  | 0 | 1 | 2 | 3 | 4 |
| ES8 | I have pain or discomfort with intercourse  | 0 | 1 | 2 | 3 | 4 |
| ES9 | I have lost interest in sex  | 0 | 1 | 2 | 3 | 4 |
| ES10 | I have gained weight  | 0 | 1 | 2 | 3 | 4 |
| An9 | I feel lightheaded (dizzy)  | 0 | 1 | 2 | 3 | 4 |
| O2 | I have been vomiting  | 0 | 1 | 2 | 3 | 4 |
| C5 | I have diarrhea (diarrhoea)  | 0 | 1 | 2 | 3 | 4 |
| An10 | I get headaches  | 0 | 1 | 2 | 3 | 4 |
| Tax1 | I feel bloated  | 0 | 1 | 2 | 3 | 4 |
| ES11 | I have breast sensitivity/tenderness  | 0 | 1 | 2 | 3 | 4 |
| ES12 | I have mood swings  | 0 | 1 | 2 | 3 | 4 |
| ES13 | I am irritable  | 0 | 1 | 2 | 3 | 4 |
| BRM1 | I have pain in my joints  | 0 | 1 | 2 | 3 | 4 |