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** |
|  |
| Br1 | I am able to concentrate  | 0 | 1 | 2 | 3 | 4 |
| Br2 | I have had seizures (convulsions)  | 0 | 1 | 2 | 3 | 4 |
| Br3 | I can remember new things  | 0 | 1 | 2 | 3 | 4 |
| Br4 | I get frustrated that I cannot do things I used to  | 0 | 1 | 2 | 3 | 4 |
| Br5 | I am afraid of having a seizure (convulsion)  | 0 | 1 | 2 | 3 | 4 |
| Br6 | I have trouble with my eyesight  | 0 | 1 | 2 | 3 | 4 |
| Br7 | I feel independent  | 0 | 1 | 2 | 3 | 4 |
| NTX6 | I have trouble hearing  | 0 | 1 | 2 | 3 | 4 |
| Br8 | I am able to find the right word(s) to say what I mean  | 0 | 1 | 2 | 3 | 4 |
| Br9 | I have difficulty expressing my thoughts  | 0 | 1 | 2 | 3 | 4 |
| Br10 | I am bothered by a change in my personality  | 0 | 1 | 2 | 3 | 4 |
| Br11 | I am able to make decisions and take responsibility  | 0 | 1 | 2 | 3 | 4 |
| Br12 | I am bothered by the drop in my contribution to the family  | 0 | 1 | 2 | 3 | 4 |
| Br13 | I am able to put my thoughts together  | 0 | 1 | 2 | 3 | 4 |
| Br14 | I need help in caring for myself (bathing, dressing, eating, etc.)  | 0 | 1 | 2 | 3 | 4 |
| Br15 | I am able to put my thoughts into action  | 0 | 1 | 2 | 3 | 4 |
| Br16 | I am able to read like I used to  | 0 | 1 | 2 | 3 | 4 |
| Br17 | I am able to write like I used to  | 0 | 1 | 2 | 3 | 4 |
| Br18 | I am able to drive a vehicle (my car, truck, etc.)  | 0 | 1 | 2 | 3 | 4 |
| Br19 | I have trouble feeling sensations in my arms, hands, or legs  | 0 | 1 | 2 | 3 | 4 |
| Br20 | I have weakness in my arms or legs  | 0 | 1 | 2 | 3 | 4 |
| Br21 | I have trouble with coordination  | 0 | 1 | 2 | 3 | 4 |
| An10 | I get headaches  | 0 | 1 | 2 | 3 | 4 |