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** |
| GP1 | I have a lack of energy | 0 | 1 | 2 | 3 | 4 |
| HI7 | I feel fatigued | 0 | 1 | 2 | 3 | 4 |
| C2 | I am losing weight | 0 | 1 | 2 | 3 | 4 |
| C5 | I have diarrhea (diarrhoea) | 0 | 1 | 2 | 3 | 4 |
| ACT11 | I have pain in my stomach area | 0 | 1 | 2 | 3 | 4 |
| C1 | I have swelling or cramps in my stomach area | 0 | 1 | 2 | 3 | 4 |
| ITF1 | I move my bowels more frequently than usual | 0 | 1 | 2 | 3 | 4 |
| Ga14 | I am bothered by gas (flatulence) | 0 | 1 | 2 | 3 | 4 |
| D4 | I am embarrassed by having diarrhea (diarrhoea) | 0 | 1 | 2 | 3 | 4 |
| ITU2 | I am afraid to be far from a toilet | 0 | 1 | 2 | 3 | 4 |
| AA8 | I have to limit my activities because of diarrhea (diarrhoea) | 0 | 1 | 2 | 3 | 4 |
| ES1 | I have hot flashes/hot flushes | 0 | 1 | 2 | 3 | 4 |
| CS1 | I have been wheezing (whistling sound when I breathe) | 0 | 1 | 2 | 3 | 4 |
| CS2 | I am bothered by skin redness (from flushing) | 0 | 1 | 2 | 3 | 4 |
| M9 | I have difficulty thinking clearly (remembering, concentrating) | 0 | 1 | 2 | 3 | 4 |
| CS3 | I am frustrated by having to avoid certain things because they make my symptoms worse | 0 | 1 | 2 | 3 | 4 |
| BRM9 | I have emotional ups and downs | 0 | 1 | 2 | 3 | 4 |
| GE1 | I feel sad | 0 | 1 | 2 | 3 | 4 |
| GE6 | I worry that my condition will get worse | 0 | 1 | 2 | 3 | 4 |
| Leu5 | I feel uncertain about my future health | 0 | 1 | 2 | 3 | 4 |
| GP5 | I am bothered by side effects of treatment | 0 | 1 | 2 | 3 | 4 |
| An7 | I am able to do my usual activities | 0 | 1 | 2 | 3 | 4 |
| GF3 | I am able to enjoy life | 0 | 1 | 2 | 3 | 4 |
| GF7 | I am content with the quality of my life right now | 0 | 1 | 2 | 3 | 4 |