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 |
| GP4 | I have pain | 0 | 1 | 2 | 3 | | 4 |
| C2 | I am losing weight | 0 | 1 | 2 | 3 | | 4 |
| B1 | I have been short of breath | 0 | 1 | 2 | 3 | | 4 |
| HI7  DRS-P | I feel fatigued | 0 | 1 | 2 | 3 | | 4 |
| L2 | I have been coughing | 0 | 1 | 2 | 3 | | 4 |
| BP1 | I have bone pain | 0 | 1 | 2 | 3 | | 4 |
| L4 | Breathing is easy for me | 0 | 1 | 2 | 3 | | 4 |
| C6 | I have a good appetite | 0 | 1 | 2 | 3 | | 4 |
| GF5  DRS-E | I am sleeping well | 0 | 1 | 2 | 3 | | 4 |
| GE6 | I worry that my condition will get worse | 0 | 1 | 2 | 3 | | 4 |
| GP2  TSE | I have nausea | 0 | 1 | 2 | 3 | | 4 |
| B5 | I am bothered by hair loss | 0 | 1 | 2 | 3 | | 4 |
| GP5 | I am bothered by side effects of treatment | 0 | 1 | 2 | 3 | | 4 |
| L1 | My thinking is clear | 0 | 1 | 2 | 3 | | 4 |
| GF3  FWB | 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 |