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 |
| GP6 | I feel ill  | 0 | 1 | 2 | 3 | 4 |
| B1 | I have been short of breath  | 0 | 1 | 2 | 3 | 4 |
| GP3DRS-P | Because of my physical condition, I have trouble meeting the needs of my family  | 0 | 1 | 2 | 3 | 4 |
| HI7 | I feel fatigued  | 0 | 1 | 2 | 3 | 4 |
| BP1 | I have bone pain  | 0 | 1 | 2 | 3 | 4 |
| GF5DRS-E | I am sleeping well  | 0 | 1 | 2 | 3 | 4 |
| GE6 | I worry that my condition will get worse  | 0 | 1 | 2 | 3 | 4 |
| GP2TSE | I have nausea  | 0 | 1 | 2 | 3 | 4 |
| N6 | I have mouth sores  | 0 | 1 | 2 | 3 | 4 |
| GP5 | I am bothered by side effects of treatment  | 0 | 1 | 2 | 3 | 4 |
| B5 | I am bothered by hair loss  | 0 | 1 | 2 | 3 | 4 |
| GF1FWB | I am able to work (include work at home)  | 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 |