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** |
|  |
| C6 | I have a good appetite  | 0 | 1 | 2 | 3 | 4 |
| GF5 | I am sleeping well  | 0 | 1 | 2 | 3 | 4 |
| BMT5 | I am able to get around by myself  | 0 | 1 | 2 | 3 | 4 |
| B1 | I have been short of breath  | 0 | 1 | 2 | 3 | 4 |
| GP2 | I have nausea  | 0 | 1 | 2 | 3 | 4 |
| O2 | I have been vomiting  | 0 | 1 | 2 | 3 | 4 |
| ACT11 | I have pain in my stomach area  | 0 | 1 | 2 | 3 | 4 |
| O1 | I have swelling in my stomach area  | 0 | 1 | 2 | 3 | 4 |
| GP1 | I have a lack of energy  | 0 | 1 | 2 | 3 | 4 |
| ACT10 | When I eat, I seem to get full quickly  | 0 | 1 | 2 | 3 | 4 |
| BL2 | I urinate more frequently than usual  | 0 | 1 | 2 | 3 | 4 |
| Cx6 | I am bothered by constipation  | 0 | 1 | 2 | 3 | 4 |
| AI1 | I have been emotionally distressed  | 0 | 1 | 2 | 3 | 4 |