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** |
|  |
| M1 | I have pain at my melanoma site or surgical site  | 0 | 1 | 2 | 3 | 4 |
| M2 | I have noticed new changes in my skin (lumps, bumps, color (colour))  | 0 | 1 | 2 | 3 | 4 |
| M3 | I worry about the appearance of surgical scars  | 0 | 1 | 2 | 3 | 4 |
| B1 | I have been short of breath  | 0 | 1 | 2 | 3 | 4 |
| ITU4 | I have to limit my physical activity because of my condition  | 0 | 1 | 2 | 3 | 4 |
| An10 | I get headaches  | 0 | 1 | 2 | 3 | 4 |
| Hep3 | I have had fevers (episodes of high body temperature)  | 0 | 1 | 2 | 3 | 4 |
| C1 | I have swelling or cramps in my stomach area  | 0 | 1 | 2 | 3 | 4 |
| C6 | I have a good appetite  | 0 | 1 | 2 | 3 | 4 |
| M5 | I have aches and pains in my bones  | 0 | 1 | 2 | 3 | 4 |
| M6 | I have noticed blood in my stool  | 0 | 1 | 2 | 3 | 4 |
| ITU3 | I have to limit my social activity because of my condition  | 0 | 1 | 2 | 3 | 4 |
| MS8 | I feel overwhelmed by my condition  | 0 | 1 | 2 | 3 | 4 |
| M8 | I isolate myself from others because of my condition  | 0 | 1 | 2 | 3 | 4 |
| M9 | I have difficulty thinking clearly (remembering, concentrating)  | 0 | 1 | 2 | 3 | 4 |
| HI7 | I feel fatigued  | 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.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | ***At the site of my melanoma surgery:*** | **Not at all** | **A little bit** | **Somewhat** | **Quite a bit** | **Very much** |
|  |
| M10 | I have swelling at my melanoma site  | 0 | 1 | 2 | 3 | 4 |
| M11 | I have swelling as a result of surgery  | 0 | 1 | 2 | 3 | 4 |
| M12 | I am bothered by the amount of swelling  | 0 | 1 | 2 | 3 | 4 |
| M13 | Movement of my swollen area is painful  | 0 | 1 | 2 | 3 | 4 |
| M14 | Swelling keeps me from doing the things I want to do  | 0 | 1 | 2 | 3 | 4 |
| M15 | Swelling keeps me from wearing clothes or shoes I want to wear  | 0 | 1 | 2 | 3 | 4 |
| M16 | I feel numbness at my surgical site  | 0 | 1 | 2 | 3 | 4 |
| M17 | I have good range of movement in my arm or leg  | 0 | 1 | 2 | 3 | 4 |