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** |
|  |
| AA1 | My fatigue keeps me from doing the things I want to do  | 0 | 1 | 2 | 3 | 4 |
| ICM1 | I have been bothered by diarrhea  | 0 | 1 | 2 | 3 | 4 |
| Hep8 | I have discomfort or pain in my stomach area  | 0 | 1 | 2 | 3 | 4 |
| Cx6 | I am bothered by constipation  | 0 | 1 | 2 | 3 | 4 |
| AA9 | I am bothered by a skin rash  | 0 | 1 | 2 | 3 | 4 |
| Lym1 | I am bothered by itching  | 0 | 1 | 2 | 3 | 4 |
| ICM2 | I am bothered by dry skin  | 0 | 1 | 2 | 3 | 4 |
| ICM3 | I am bothered by vitiligo (white patches appearing on my skin)  | 0 | 1 | 2 | 3 | 4 |
| Br20 | I have weakness in my arms or legs  | 0 | 1 | 2 | 3 | 4 |
| ICM4 | I feel pain, soreness or aches in some of my muscles  | 0 | 1 | 2 | 3 | 4 |
| BRM1 | I have pain in my joints  | 0 | 1 | 2 | 3 | 4 |
| AA10 | I am bothered by swelling in certain areas of my body  | 0 | 1 | 2 | 3 | 4 |
| BMT13 | I am bothered by a change in the way food tastes  | 0 | 1 | 2 | 3 | 4 |
| Ga1 | I have a loss of appetite  | 0 | 1 | 2 | 3 | 4 |
| O2 | I have been vomiting  | 0 | 1 | 2 | 3 | 4 |
| B1 | I have been short of breath  | 0 | 1 | 2 | 3 | 4 |
| L2 | I have been coughing  | 0 | 1 | 2 | 3 | 4 |
| BRM3 | I am bothered by fevers (episodes of high body temperature)  | 0 | 1 | 2 | 3 | 4 |
| MS3 | I am bothered by headaches  | 0 | 1 | 2 | 3 | 4 |
| Lym2 | I have trouble sleeping at night  | 0 | 1 | 2 | 3 | 4 |
| BRM5 | I am bothered by dry mouth  | 0 | 1 | 2 | 3 | 4 |
| NP3 | I am bothered by worsening eyesight  | 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.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Not at all** | **A little bit** | **Somewhat** | **Quite a bit** | **Very much** |
|  |
| ICM6 | I am bothered by short-term treatment reactions that I experience immediately after, or within 24 hours of, an infusion (such as chills, dizziness, hives, rashes lasting no more than 24 hours)  | 0 | 1 | 2 | 3 | 4 |
| ICM7 | I am troubled by not knowing when exactly my side effects will happen, how long they will last and how bad they will be  | 0 | 1 | 2 | 3 | 4 |
| ICM5 | I worry about negative impacts that my treatment may have upon my long-term health  | 0 | 1 | 2 | 3 | 4 |