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 <u>past 7 days</u>.**

	MOBILITY	Not at all	A little bit	Somewhat	Quite a bit	Very much
GP3	Because of my physical condition, I have trouble meeting the needs of my family	0	1	2	3	4
GF1	I am able to work (include work at home)	0	1	2	3	4
An6	I have trouble walking	0	1	2	3	4
ITU3	I have to limit my social activity because of my condition	0	1	2	3	4
CNS5	I have strength in my legs	0	1	2	3	4
MS1	I have trouble getting around in public places	0	1	2	3	4
MS2	I have to take my condition into account when making plans	0	1	2	3	4
	<u>SYMPTOMS</u>	Not at all	A little bit	Somewhat	Quite a bit	Very much
GP2	I have nausea	0	1	2	3	4
GP4	I have pain	0	1	2	3	4
GP6	I feel ill	0	1	2	3	4
HI12	I feel weak all over	0	1	2	3	4
BRM1	I have pain in my joints	0	1	2	3	4
MS3	I am bothered by headaches	0	1	2	3	4
MS4	I am bothered by muscle pains	0	1	2	3	4

Please circle or mark one number per line to indicate your response as it applies to the $\underline{\text{past 7}}$ $\underline{\text{days}}$.

	EMOTIONAL WELL-BEING	Not at all	A little bit	Somewhat	Quite a bit	Very much
GE1	I feel sad	0	1	2	3	4
GE3	I am losing hope in the fight against my illness	0	1	2	3	4
GF3	I am able to enjoy life	0	1	2	3	4
MS5	I feel trapped by my condition	0	1	2	3	4
MS6	I am depressed about my condition	0	1	2	3	4
MS7	I feel useless	0	1	2	3	4
MS8	I feel overwhelmed by my condition	0	1	2	3	4
	GENERAL CONTENTMENT	Not at all	A little bit	Somewhat	Quite a bit	Very much
	GENERAL CONTENTMENT			Somewhat		•
GF2	My work (include work at home) is fulfilling			Somewhat 2		•
GF2		all	bit		a bit	much
	My work (include work at home) is fulfilling	all 0	bit 1	2	a bit	much 4
GF4	My work (include work at home) is fulfilling I have accepted my illness	all 0 0	bit 1 1	2 2	3 3	much 4 4
GF4	My work (include work at home) is fulfilling I have accepted my illness I am enjoying the things I usually do for fun	0 0 0	1 1 1	2 2 2	3 3 3	4 4 4
GF4 GF6 GF7	My work (include work at home) is fulfilling I have accepted my illness I am enjoying the things I usually do for fun I am content with the quality of my life right now	0 0 0 0	1 1 1 1 1	2 2 2 2	3 3 3 3	4 4 4 4

Please circle or mark one number per line to indicate your response as it applies to the <u>past 7</u> <u>days</u>.

	THINKING AND FATIGUE	Not at all	A little bit	Somewhat	Quite a bit	Very much
GP1	I have a lack of energy	0	1	2	3	4
An2	I feel tired	0	1	2	3	4
An3	I have trouble <u>starting</u> things because I am tired	0	1	2	3	4
An4	I have trouble <u>finishing</u> things because I am tired	0	1	2	3	4
MS10	I need to rest during the day	0	1	2	3	4
Н19	I have trouble remembering things	0	1	2	3	4
ні8	I have trouble concentrating	0	1	2	3	4
MS11	My thinking is slower than before	0	1	2	3	4
MS12	I have trouble learning new tasks or directions	0	1	2	3	4
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	FAMILY/SOCIAL WELL-BEING			Somewhat		Very much
	-	Not at	A little		Quite	Very
GS1	-	Not at	A little		Quite	Very
	FAMILY/SOCIAL WELL-BEING	Not at all	A little bit	Somewhat	Quite a bit	Very much
GS1	FAMILY/SOCIAL WELL-BEING I feel close to my friends	Not at all	A little bit	Somewhat 2	Quite a bit	Very much
GS1 GS2	FAMILY/SOCIAL WELL-BEING I feel close to my friends	Not at all 0 0	A little bit	Somewhat 2 2	Quite a bit 3 3	Very much 4 4
GS1 GS2	I feel close to my friends	Not at all 0 0 0	A little bit 1 1 1	Somewhat 2 2 2	Quite a bit 3 3 3	Very much 4 4 4
GS1 GS2 GS3 GS4	I feel close to my friends	Not at all 0 0 0 0	A little bit 1 1 1 1	Somewhat 2 2 2 2 2	Quite a bit 3 3 3	Very much 4 4 4 4

Please circle or mark one number per line to indicate your response as it applies to the $\underline{\text{past 7}}$ $\underline{\text{days}}$.

	ADDITIONAL CONCERNS	Not at all	A little bit	Somewhat	Quite a bit	Very much
GP5	I am bothered by side effects of treatment	0	1	2	3	4
GP7	I am forced to spend time in bed	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
GS7	I am satisfied with my sex life	0	1	2	3	4
GE2	I am satisfied with how I am coping with my illness	0	1	2	3	4
GE4	I feel nervous	0	1	2	3	4
GE6	I worry that my condition will get worse	0	1	2	3	4
GF5	I am sleeping well	0	1	2	3	4
MS15	Heat worsens my symptoms	0	1	2	3	4
BL1	I have trouble controlling my urine	0	1	2	3	4
BL2	I urinate more frequently than usual	0	1	2	3	4
BRM2	I am bothered by the chills	0	1	2	3	4
BRM3	I am bothered by fevers (episodes of high body temperature)	0	1	2	3	4
MS16	I am bothered by muscle spasms	0	1	2	3	4