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** | **Some-what** | **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** | **Some-what** | **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** | **Some-what** | **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** | **Some-what** | **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** | **Some-what** | **Quite a bit** | **Very much** |
|  |
| N1 | I worry about getting sick due to low blood counts  | 0 | 1 | 2 | 3 | 4 |
| N2 | I avoid public places for fear of getting an infection  | 0 | 1 | 2 | 3 | 4 |
| P1 | I have aches and pains that bother me  | 0 | 1 | 2 | 3 | 4 |
| An14 | I need help doing my usual activities  | 0 | 1 | 2 | 3 | 4 |
| N3 | I worry about getting infections  | 0 | 1 | 2 | 3 | 4 |
| N4 | I worry my condition will not improve if my treatment is delayed  | 0 | 1 | 2 | 3 | 4 |
| An5 | I have energy  | 0 | 1 | 2 | 3 | 4 |
| BRM3 | I am bothered by fevers (episodes of high body temperature)  | 0 | 1 | 2 | 3 | 4 |
| BRM2 | I am bothered by the chills  | 0 | 1 | 2 | 3 | 4 |
| ES 3 | I have night sweats  | 0 | 1 | 2 | 3 | 4 |
| An16 | I have to limit my social activity because I am tired  | 0 | 1 | 2 | 3 | 4 |
| MS10 | I need to rest during the day  | 0 | 1 | 2 | 3 | 4 |
| An1 | I feel listless (“washed out”)  | 0 | 1 | 2 | 3 | 4 |
| An13 | I am motivated to do my usual activities  | 0 | 1 | 2 | 3 | 4 |
| N6 | I have mouth sores  | 0 | 1 | 2 | 3 | 4 |
| N7 | My partner worries about me when my blood counts are low  | 0 | 1 | 2 | 3 | 4 |
| N8 | My low blood counts interfere with my intimate relationships  | 0 | 1 | 2 | 3 | 4 |
| An3 | I have trouble starting things because I am tired  | 0 | 1 | 2 | 3 | 4 |
| MS3 | I am bothered by headaches  | 0 | 1 | 2 | 3 | 4 |