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** |
|  |
|  |
|  |
| P2 | I have certain parts of my body where I experience pain  | 0 | 1 | 2 | 3 | 4 |
| HI12 | I feel weak all over  | 0 | 1 | 2 | 3 | 4 |
| BMT6 | I get tired easily  | 0 | 1 | 2 | 3 | 4 |
| HI8 | I have trouble concentrating  | 0 | 1 | 2 | 3 | 4 |
| N3 | I worry about getting infections  | 0 | 1 | 2 | 3 | 4 |
| LEU3 | I feel discouraged about my illness  | 0 | 1 | 2 | 3 | 4 |
| LEU4 | Because of my illness, I have difficulty planning for the future  | 0 | 1 | 2 | 3 | 4 |
| LEU6 | I worry that I might get new symptoms of my illness  | 0 | 1 | 2 | 3 | 4 |
| BRM9 | I have emotional ups and downs  | 0 | 1 | 2 | 3 | 4 |
| BP1 | I have bone pain  | 0 | 1 | 2 | 3 | 4 |
| An14 | I need help doing my usual activities  | 0 | 1 | 2 | 3 | 4 |
| MM1 | I have trouble walking because of pain  | 0 | 1 | 2 | 3 | 4 |
| HI7 | I feel fatigued  | 0 | 1 | 2 | 3 | 4 |
| ES10 | I have gained weight  | 0 | 1 | 2 | 3 | 4 |