Instructions:

Below is a list of statements that other people with your illness have said are important. **By placing a firm cross in one box per line, please indicate how true each statement has been for you during the past 7 days**. *e.g.* ☒

PHYSICAL WELL-BEING	**Not at all**	**A little bit**	**Some-what**	**Quite a bit**	**Very much**
I have a lack of energy	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
I have nausea	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
Because of my physical condition, I have trouble meeting the needs of my family	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
I have pain	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
I am bothered by side effects of treatment	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
I feel ill	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
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**
I feel close to my friends	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
I get emotional support from my family	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
I get support from my friends	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
My family has accepted my illness	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
I am satisfied with family communication about my illness	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
I feel close to my partner (or the person who is my main support)	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

Regardless of your current level of sexual activity, please answer the following question. If you prefer not to answer it, please check this box ☐ *and go to the next section.*

I am satisfied with my sex life	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

EMOTIONAL WELL-BEING	**Not at all**	**A little bit**	**Some-what**	**Quite a bit**	**Very much**
I feel sad	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
I am satisfied with how I am coping with my illness	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
I am losing hope in the fight against my illness	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
I feel nervous	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
I worry about dying	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
I worry that my condition will get worse	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

PLEASE TURN OVER

Instructions:

By placing a firm cross in one box per line, please indicate how true each statement has been for you during the past 7 days. *e.g.* ☒

FUNCTIONAL WELL-BEING

	Not at all	A little bit	Some-what	Quite a bit	Very much
I am able to work (include work at home)	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
My work (include work at home) is fulfilling	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
I am able to enjoy life	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
I have accepted my illness	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
I am sleeping well	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
I am enjoying the things I usually do for fun	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
I am content with the quality of my life right now	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

PLEASE MAKE SURE YOU HAVE COMPLETED BOTH SIDES, THANK YOU

Date completed d d / m m / y y y y

Signed _____