

Thinking about the past week, please answer the questions below by circling one number in each row on the right-hand page.

. Did you have any of these problems ?

*Please circle the number that best applies to you, using 10 for the worst condition.*

- a) Pain? . . . . .
- b) Shortness of breath? . . . . .
- c) Nausea? . . . . .
- d) Loss of appetite? . . . . .
- e) Trouble sleeping? . . . . .
- f) Constipation? . . . . .
- g) Diarrhea? . . . . .
- h) Abdominal bloating? . . . . .
- i) Fatigue? . . . . .
- j) Physical weakness? . . . . .

. Did you have any of these problems with feelings or moods ?

*Please circle the number that best applies to you, using 10 for the worst condition.*

- k) Worries? . . . . .
- l) Anxiety? . . . . .
- m) Irritation? . . . . .
- n) Depression? . . . . .
- o) Anger? . . . . .
- p) Confusion? . . . . .

. How was your life over the past week?

*Please circle the number that best applies to you, using 10 for the BEST condition.*

- q) Ability to be physically active? . . . . .
- r) Ability to function in daily life? . . . . .
- s) Relationship with your family or partner? . . . . .
- t) Relationship with your friends? . . . . .
- u) Peaceful feeling? . . . . .
- v) Happy feeling? . . . . .
- w) Quality of life? . . . . .
- x) Satisfaction with life (considering your condition and treatment)? . . . . .

. Please tell us how we might help you improve your health and life. . . . .

Month            Day            Year            Name

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. Symptoms

. . . . . a)	severe pain	<u>10</u>	<u>9</u>	<u>8</u>	<u>7</u>	<u>6</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>	none at all
. . . . . b)	severe shortness of breath	<u>10</u>	<u>9</u>	<u>8</u>	<u>7</u>	<u>6</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>	none at all
. . . . . c)	severe nausea	<u>10</u>	<u>9</u>	<u>8</u>	<u>7</u>	<u>6</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>	none at all
. . . . . d)	complete loss of appetite	<u>10</u>	<u>9</u>	<u>8</u>	<u>7</u>	<u>6</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>	good appetite
. . . . . e)	severe trouble sleeping	<u>10</u>	<u>9</u>	<u>8</u>	<u>7</u>	<u>6</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>	none at all
. . . . . f)	severe constipation	<u>10</u>	<u>9</u>	<u>8</u>	<u>7</u>	<u>6</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>	none at all
. . . . . g)	severe diarrhea	<u>10</u>	<u>9</u>	<u>8</u>	<u>7</u>	<u>6</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>	none at all
. . . . . h)	severe abdominal bloating	<u>10</u>	<u>9</u>	<u>8</u>	<u>7</u>	<u>6</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>	none at all
. . . . . i)	severe fatigue	<u>10</u>	<u>9</u>	<u>8</u>	<u>7</u>	<u>6</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>	none at all
. . . . . j)	severe weakness	<u>10</u>	<u>9</u>	<u>8</u>	<u>7</u>	<u>6</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>	none at all

. Problems with feelings or moods

. . . . . k)	many worries	<u>10</u>	<u>9</u>	<u>8</u>	<u>7</u>	<u>6</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>	none at all
. . . . . l)	severe anxiety	<u>10</u>	<u>9</u>	<u>8</u>	<u>7</u>	<u>6</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>	none at all
. . . . . m)	severe irritation	<u>10</u>	<u>9</u>	<u>8</u>	<u>7</u>	<u>6</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>	none at all
. . . . . n)	severe depression	<u>10</u>	<u>9</u>	<u>8</u>	<u>7</u>	<u>6</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>	none at all
. . . . . o)	intense anger	<u>10</u>	<u>9</u>	<u>8</u>	<u>7</u>	<u>6</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>	none at all
. . . . . p)	severe confusion	<u>10</u>	<u>9</u>	<u>8</u>	<u>7</u>	<u>6</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>	none at all

. Your life over the past week

. . . . . q)	unable	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	very able to be physically active
. . . . . r)	unable	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	very able to function in daily life
. . . . . s)	the worst	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	the best relationship with my family/partner
. . . . . t)	the worst	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	the best relationship with my friends
. . . . . u)	none at all	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	the most peaceful feeling
. . . . . v)	none at all	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	the happiest feeling
. . . . . w)	the worst	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	the best quality of life
. . . . . x)	none at all	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	the most satisfaction with life

. How might we help you improve your health and life?