

Quality of Life Surveys Baseline, Day 2, 90, 180, 270 and 360

Statement	Response				
Please answer "Yes" or "No" in each box for each statement below.					
	Not at all	A little bit	Somewhat	Quite a bit	Very much
In the last 30 days, I have a lack of energy					
In the last 30 days, I have pain					
In the last 30 days, I have nausea					
In the last 30 days, I worry that my condition will get worse					
In the last 30 days, I am sleeping well					
In the last 30 days, I am able to enjoy life					
In the last 30 days, I am content with the quality of my life					