

Version Control

Version	Date	Description of Changes	Changes to ID(s)	Author
V0.01	10/10/2025	Added initial screenshots		Inga Lipska
V1.00	03/12/2025	Finalized		RWS

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Start

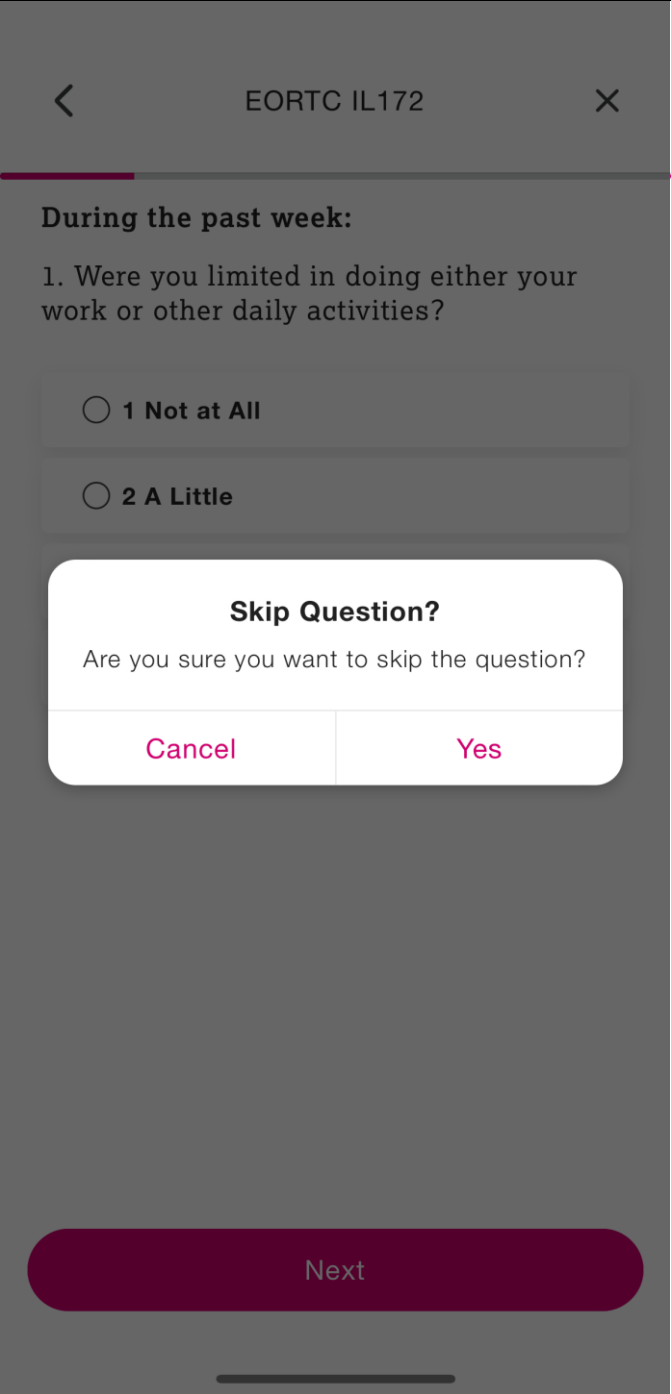
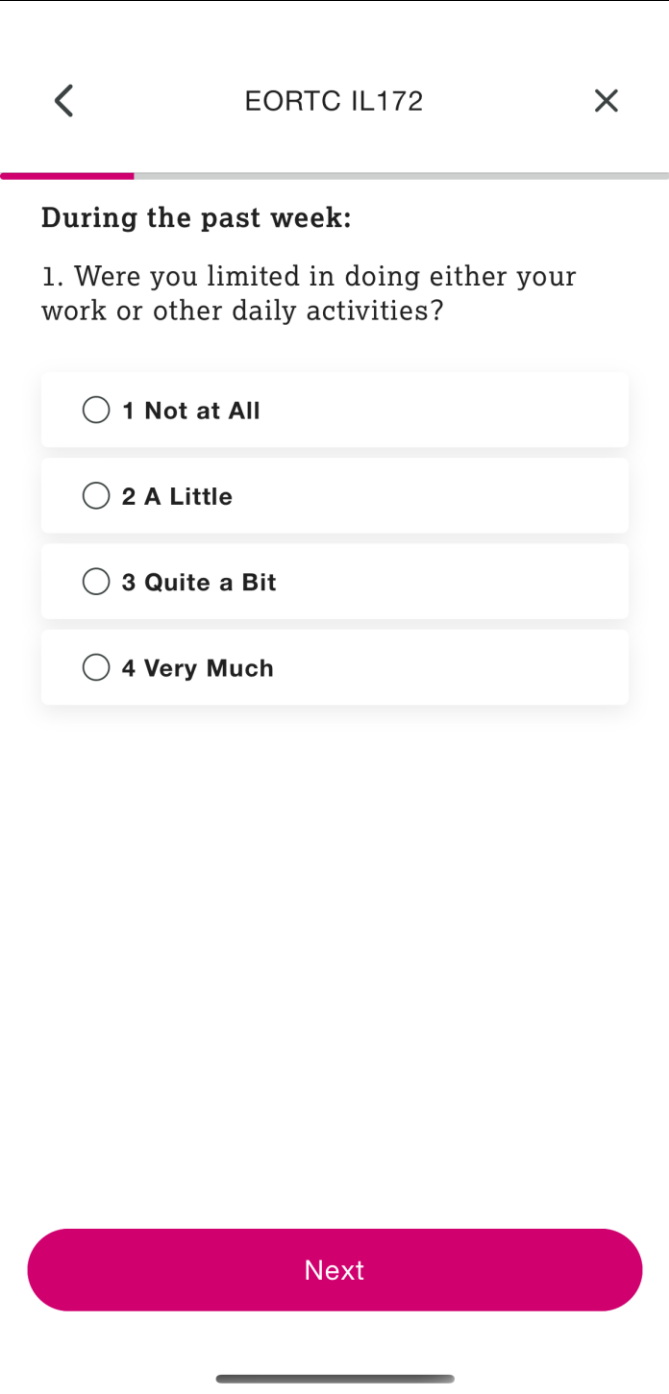
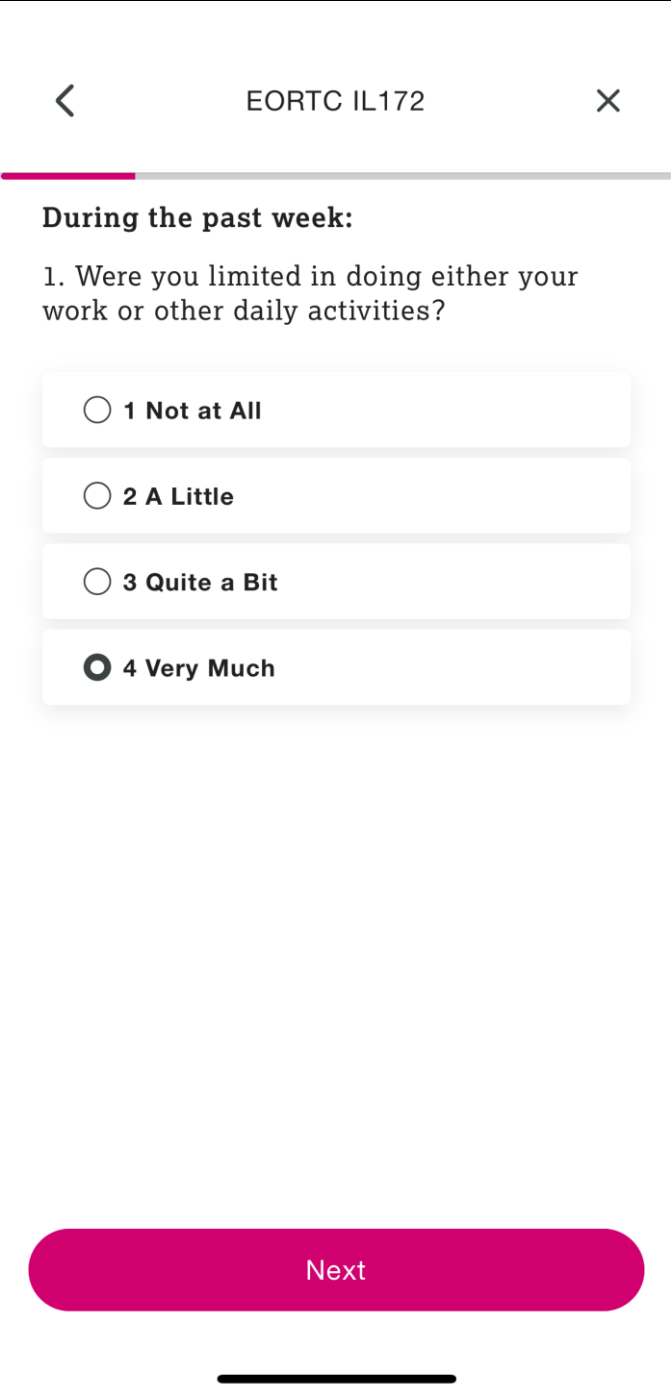


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We are interested in some things about you and your health. Please answer all of the questions yourself by selecting the number that best applies to you. There are no “right” or “wrong” answers. The information that you provide will remain strictly confidential.

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	During the past week: 1. Were you limited in doing either your work or other daily activities? ☐ 1 Not at All ☐ 2 A Little Skip Question? Are you sure you want to skip the question? Cancel Yes Next	During the past week: 1. Were you limited in doing either your work or other daily activities? ☐ 1 Not at All ☐ 2 A Little ☐ 3 Quite a Bit ☐ 4 Very Much Next	During the past week: 1. Were you limited in doing either your work or other daily activities? ☐ 1 Not at All ☐ 2 A Little ☐ 3 Quite a Bit ☒ 4 Very Much Next



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**During the past week:**

2. Were you limited in pursuing your hobbies or other leisure time activities?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☐ 4 Very Much**During the past week:**

2. Were you limited in pursuing your hobbies or other leisure time activities?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☒ 4 Very Much

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**During the past week:**

3. Have you had difficulty in concentrating on things, like reading a newspaper or watching television?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☐ 4 Very Much**During the past week:**

3. Have you had difficulty in concentrating on things, like reading a newspaper or watching television?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☒ 4 Very Much

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**During the past week:**

4. Did you feel tense?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☐ 4 Very Much**During the past week:**

4. Did you feel tense?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☒ 4 Very Much

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**During the past week:**

5. Did you worry?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☐ 4 Very Much**During the past week:**

5. Did you worry?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☒ 4 Very Much

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**During the past week:**

6. Did you feel irritable?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☐ 4 Very Much**During the past week:**

6. Did you feel irritable?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☒ 4 Very Much

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**During the past week:**

7. Did you feel depressed?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☐ 4 Very Much**During the past week:**

7. Did you feel depressed?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☒ 4 Very Much

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**During the past week:**

8. Have you had difficulty remembering things?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☐ 4 Very Much**During the past week:**

8. Have you had difficulty remembering things?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☒ 4 Very Much

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**During the past week:**

9. Has your physical condition or medical treatment interfered with your family life?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☐ 4 Very Much**During the past week:**

9. Has your physical condition or medical treatment interfered with your family life?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☒ 4 Very Much

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**During the past week:**

10. Has your physical condition or medical treatment interfered with your social activities?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☐ 4 Very Much**During the past week:**

10. Has your physical condition or medical treatment interfered with your social activities?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☒ 4 Very Much

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For the following question, please select the number between 1 and 7 that best applies to you

11. How would you rate your overall health during the past week?

Very poor

Excellent

1

2

3

4

5

6

7

For the following question, please select the number between 1 and 7 that best applies to you

11. How would you rate your overall health during the past week?

Very poor

Excellent

1

2

3

4

5

6

7

Next

Next



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For the following question, please select the number between 1 and 7 that best applies to you

12. How would you rate your overall quality of life during the past week?

Very poor

Excellent

1	2	3	4	5	6	7
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For the following question, please select the number between 1 and 7 that best applies to you

12. How would you rate your overall quality of life during the past week?

Very poor

Excellent

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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Click Submit to save or the
back arrow to review

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Submit



Thank you for taking the time
to complete the questions.

If you are having any
symptoms or concerns,
please discuss these with
your study team.

Close

