

Version Control

Version	Date	Description of Changes	Changes to ID(s)	Author
V0.01	17/10/2025	Added initial screenshots		Inga Lipska
V1.00	03/12/2025	Finalized		RWS

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Start



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Patients sometimes report that they have the following symptoms or problems. Please indicate the extent to which you have experienced these symptoms or problems during the past week. Please answer by selecting the number that best applies to you.

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During the past week:

1. Have you had trouble with eating?

☐ 1 Not at All

☐ 2 A Little

☐ 3 Quite a Bit

Skip Question?

Are you sure you want to skip the question?

Cancel

Yes

Next

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During the past week:

1. Have you had trouble with eating?

☐ 1 Not at All

☐ 2 A Little

☐ 3 Quite a Bit

☐ 4 Very Much

Next

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During the past week:

1. Have you had trouble with eating?

☐ 1 Not at All

☐ 2 A Little

☐ 3 Quite a Bit

☒ 4 Very Much

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**During the past week:**

2. Have you felt full up too quickly after beginning to eat?

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

2. Have you felt full up too quickly after beginning to eat?

☐ 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 problems with your sense of taste?

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

3. Have you had problems with your sense of taste?

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

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**During the past week:**

4. Were you restricted in the types of food you can eat as a result of your disease or treatment?

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

4. Were you restricted in the types of food you can eat as a result of your disease or treatment?

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

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**During the past week:**

5. Have your skin or eyes been yellow (jaundiced)?

☐ 1 Not at All

☐ 2 A Little

☐ 3 Quite a Bit

☐ 4 Very Much

During the past week:

5. Have your skin or eyes been yellow (jaundiced)?

☐ 1 Not at All

☐ 2 A Little

☐ 3 Quite a Bit

☒ 4 Very Much

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**During the past week:**

6. Have you been worried about your skin being yellow?

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

6. Have you been worried about your skin being yellow?

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

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**During the past week:**

7. Have you been less active than you would like to be?

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

7. Have you been less active than you would like to be?

☐ 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 felt “slowed down”?

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

8. Have you felt “slowed down”?

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

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**During the past week:**

9. Have you lacked energy?

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

9. Have you lacked energy?

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

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**During the past week:**

10. Have you had pain during the night?

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

10. Have you had pain during the night?

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

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**During the past week:**

11. Have you had pain in your back?

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

11. Have you had pain in your back?

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

Next

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**During the past week:**

12. Have you had a bloated feeling in your abdomen?

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

12. Have you had a bloated feeling in your abdomen?

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

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**During the past week:**

13. Have you had difficulties with drainage tubes/bags?

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

13. Have you had difficulties with drainage tubes/bags?

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

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**During the past week:**

14. Have you lost weight?

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

14. Have you lost weight?

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

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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

