

MULTIPLE MYELOMA SYMPTOMS AND EFFECT QUESTIONNAIRE

Instructions: The purpose of this questionnaire is to collect information about your experience with multiple myeloma cancer. When answering the following questions, please only consider your experiences related to your multiple myeloma.

People often experience changes in the severity of their symptoms from day to day or within a single day. When answering the next 4 questions, please only think about the time during the past 7 days when each symptom was at its worst.

1. How would you rate the worst pain in your back during the past 7 days?

- ☐ No pain
- ☐ A little pain
- ☐ Moderate pain
- ☐ A lot of pain
- ☐ Extreme pain

2. How would you rate the worst pain in your legs during the past 7 days?

- ☐ No pain
- ☐ A little pain
- ☐ Moderate pain
- ☐ A lot of pain
- ☐ Severe pain

3. How would you rate the **worst pain in areas other than your back or legs** during the past 7 days?

- ☐ No pain
- ☐ A little pain
- ☐ Moderate pain
- ☐ A lot of pain
- ☐ Severe pain

4. How would you rate the **worst numbness or tingling in your hands or feet** during the past 7 days?

- ☐ No numbness or tingling
- ☐ A little numbness or tingling
- ☐ Moderate numbness or tingling
- ☐ A lot of numbness or tingling
- ☐ Extreme numbness or tingling

For each question, select only 1 answer that best describes how often you experienced each problem during the past 7 days.

5. How much did your **pain interfere** with your normal or daily activities during the past 7 days?

- ☐ Not at all
- ☐ A little bit
- ☐ Moderately
- ☐ A lot
- ☐ Extremely

6. How often did you feel **low in energy** during the past 7 days?

- ☐ Never
- ☐ Rarely
- ☐ Some of the time
- ☐ Most of the time
- ☐ Always

7. How often did you **get easily tired** (for example, needed to rest during activities) during the past 7 days?

- ☐ Never
- ☐ Rarely
- ☐ Some of the time
- ☐ Most of the time
- ☐ Always

8. How often did you experience **weakness in the muscles** during the past 7 days?

- ☐ Never
- ☐ Rarely
- ☐ Some of the time
- ☐ Most of the time
- ☐ Always

9. How often did you have **problems with your sleep** (for example, difficulty falling asleep or staying asleep) during the past 7 days?

- ☐ Never
- ☐ Rarely
- ☐ Some of the time
- ☐ Most of the time
- ☐ Always

10. How often did you have a **poor appetite** during the past 7 days?

- ☐ Never
- ☐ Rarely
- ☐ Some of the time
- ☐ Most of the time
- ☐ Always

11. How often did you have **difficulty remembering things** during the past 7 days?

- ☐ Never
- ☐ Rarely
- ☐ Some of the time
- ☐ Most of the time
- ☐ Always

12. How often did you have **difficulty concentrating** on things (for example, reading a book or listening to a conversation) during the past 7 days?

- ☐ Never
- ☐ Rarely
- ☐ Some of the time
- ☐ Most of the time
- ☐ Always

13. How often did you feel **limited in doing your daily activities** during the past 7 days (for example, had difficulty or needed help with tasks at the workplace or doing house chores)?

- ☐ Never
- ☐ Rarely
- ☐ Some of the time
- ☐ Most of the time
- ☐ Always

14. How often did you have **difficulty walking** during the past 7 days?

- ☐ Never
- ☐ Rarely
- ☐ Some of the time
- ☐ Most of the time
- ☐ Always

15. How often did you feel **limited in your social life** (for example, activities with your friends or family) during the past 7 days?

- ☐ Never
- ☐ Rarely
- ☐ Some of the time
- ☐ Most of the time
- ☐ Always

For each question, select only 1 answer that best describes how you felt during the past 7 days.

16. How often have you felt **depressed about your multiple myeloma** during the past 7 days?

- ☐ Never
- ☐ Rarely
- ☐ Some of the time
- ☐ Most of the time
- ☐ Always

17. How often did you **worry that your multiple myeloma could get worse** during the past 7 days?

- ☐ Never
- ☐ Rarely
- ☐ Some of the time
- ☐ Most of the time
- ☐ Always