Questionnaire on disease progression and adverse events

Date: ________

1. Did you visit your general practitioner in the past month?
   - ☐ Yes
   - 1.1 Have you been newly diagnosed at that time?
     - ☐ Yes, diagnosis: _____
     - ☐ No
   - ☐ No

2. Did you visit a specialist at the hospital in the past month?
   - ☐ Yes
   - 2.1 Have you been newly diagnosed at that time?
     - ☐ Yes, diagnosis: _____
     - ☐ No
   - ☐ No

3. Did you experience the following symptoms in the past two weeks?

3.1 Fatigue
- ☐ Yes
- 3.1.1 How often?
  - ☐ Weekly, how often per week: _____
  - ☐ Daily, how often per day: _____
- ☐ No

3.2 Headache
- ☐ Yes
- 3.2.1 How often?
  - ☐ Weekly, how often per week: _____
  - ☐ Daily, how often per day: _____
- ☐ No

3.3 Chest pressure
- ☐ Yes
- 3.3.1 How often?
  - ☐ Weekly, how often per week: _____
  - ☐ Daily, how often per day: _____
- ☐ No

3.4 Dyspnoea
- ☐ Yes
- 3.4.1 How often?
  - ☐ Weekly, how often per week: _____
  - ☐ Daily, how often per day: _____
- ☐ No

3.5 Loss of smell and/or taste
- ☐ Yes
- 3.5.1 How often?
  - ☐ Weekly, how often per week: _____
  - ☐ Daily, how often per day: _____
- ☐ No

3.6 Abdominal pain

- ☐ Yes
  - 3.6.1 How often?
    - ☐ Weekly, how often per week: _____
    - ☐ Daily, how often per day: _____
- ☐ No

3.7 Diarrhoea

- ☐ Yes
  - 3.7.1 How often?
    - ☐ Weekly, how often per week: _____
    - ☐ Daily, how often per day: _____
- ☐ No

3.8 Obstipation

- ☐ Yes
  - 3.8.1 How often?
    - ☐ Weekly, how often per week: _____
    - ☐ Daily, how often per day: _____
- ☐ No

3.9 Other

- ☐ Yes, which symptom and how often? _____
- ☐ No

4. Are you using medication?
   - ☐ Yes
     - 4.1 Is there any change in your medication use?
       - ☐ Yes, specify: _____
       - ☐ No
   - ☐ No