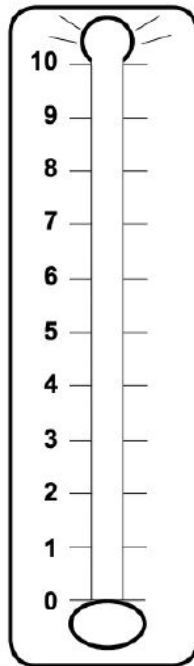


**Step 1.**

Circle the number on the thermometer below how much physical and emotional suffering you have experienced since your last chemotherapy cycle (or over the last 7 days if you are not taking chemotherapy yet).

**Severe  
Suffering**



**No  
Suffering**

**Step 2.**

Circle each problem that has been contributing to your suffering.

**Transportation**

**Stress**

**Child Care / Dealing with  
Family**

**Relating to God / Relating  
to Ancestors**

**Housing /  
Accommodations**

**Loss of Hope**

**Finances / Work**

**Needing Care at Home**

**Depression / Sadness**

**Needing More Information**

**Step 3.**

Think about the physical symptoms you have had since your most recent dose of chemotherapy (or over the last 7 days if you are not taking chemotherapy yet). For each of the following symptoms, select the box that describes how severe your symptoms were for your last dose of chemotherapy.

Symptom Severity					
	0	1	2	3	4
<b>Pain</b>	<input type="checkbox"/> No pain at all	<input type="checkbox"/> A little pain but not interfering with daily activities	<input type="checkbox"/> Moderate pain that interferes with my daily activities a little	<input type="checkbox"/> Severe pain that interferes with my daily activities a lot	<input type="checkbox"/> Completely disabling pain
<b>Fatigue (Tiredness)</b>	<input type="checkbox"/> No extra fatigue at all	<input type="checkbox"/> Mild fatigue but not interfering with daily activities	<input type="checkbox"/> Moderate fatigue that interferes with my daily activities a little	<input type="checkbox"/> Severe fatigue that interferes with my daily activities a lot	<input type="checkbox"/> So tired I can barely get out of bed or a chair

**Turn Over →**

**Figure S1.** Front page of the Patient Reported Symptoms – South Africa instrument.

Study ID: \_\_\_\_\_ Visit #: \_\_\_\_\_

<b>Fever</b>	<input type="checkbox"/> No fever at all	<input type="checkbox"/> Fever one time that went away on its own		<input type="checkbox"/> Repeated fever and had to take antibiotics	<input type="checkbox"/> Fever requiring hospitalization
<b>Difficulty Breathing (Shortness of Breath)</b>	<input type="checkbox"/> No difficulty breathing at all	<input type="checkbox"/> Difficulty breathing with heavy work	<input type="checkbox"/> Difficulty breathing with light work	<input type="checkbox"/> Difficulty breathing with daily activities like dressing or bathing	<input type="checkbox"/> Difficulty breathing when resting in bed or a chair
<b>Cough</b>	<input type="checkbox"/> No cough at all	<input type="checkbox"/> Mild cough, improved with simple medicines	<input type="checkbox"/> Moderate cough that interferes with my daily activities a little	<input type="checkbox"/> Severe cough that interferes with my daily activities or sleep a lot	
<b>Mouth Sores or Dry Mouth</b>	<input type="checkbox"/> No mouth symptoms	<input type="checkbox"/> Mild mouth sores / dryness, no medications needed	<input type="checkbox"/> Moderate mouth sores / dryness, using medications but eating normally	<input type="checkbox"/> Severe mouth sores / dryness, cannot eat normally	<input type="checkbox"/> Mouth sores / dryness requiring hospitalization
<b>Nausea/Loss of Appetite</b>	<input type="checkbox"/> No nausea or loss of appetite at all	<input type="checkbox"/> Nausea or less appetite but eating normally	<input type="checkbox"/> Nausea or less appetite and not eating or drinking enough		<input type="checkbox"/> Eating so little that I needed a drip or hospitalization
<b>Vomiting</b>	<input type="checkbox"/> No vomiting at all	<input type="checkbox"/> Vomiting, but only 1 time each day	<input type="checkbox"/> Vomiting, 2 to 5 times in a day	<input type="checkbox"/> Vomiting more than 5 times in a day	<input type="checkbox"/> Vomiting so much that I needed a drip or hospitalization
<b>Diarrhoea</b>	<input type="checkbox"/> No extra bowel movements (number 2)	<input type="checkbox"/> 1 to 3 extra bowel movements (number 2) in a day	<input type="checkbox"/> 4 - 6 extra bowel movements (number 2) in a day	<input type="checkbox"/> More than 6 extra bowel movements (number 2) in a day	<input type="checkbox"/> Diarrhea requiring hospitalization
<b>Constipation</b>	<input type="checkbox"/> No constipation at all	<input type="checkbox"/> Sometimes constipation	<input type="checkbox"/> I cannot have a bowel movement (number 2) without medications	<input type="checkbox"/> Constipation that interferes with my daily activities a lot	<input type="checkbox"/> Constipation requiring hospitalization
<b>Burning or "Pins &amp; Needles" in Hands and Feet</b>	<input type="checkbox"/> No burning / "pins & needles" in hands or feet	<input type="checkbox"/> Mild burning / "pins & needles", but not interfering with daily activities	<input type="checkbox"/> Moderate burning / "pins" that interferes with my daily activities a little	<input type="checkbox"/> Severe burning / "pins & needles" that interferes with my daily activities a lot	

Turn Over →

Figure S2. Back page of the Patient Reported Symptoms – South Africa instrument.

**Table S1.** Pearson Correlations Between PRS-SA Symptom Item Severity and QLQ-C30 Functional Scale Scores.

	QLQ-C30 Functional Scales									
	Physical (PF2)		Role (RF2)		Emotional (EF)		Cognitive (CF)		Social (SF)	
PRS-SA Symptom	r	p-value	r	p-value	r	p-value	r	p-value	r	p-value
Pain	0.38	<0.0001	0.33	<0.0001	0.35	<0.0001	0.28	<0.0001	0.26	<0.0001
Fatigue	0.57	<0.0001	0.46	<0.0001	0.51	<0.0001	0.43	<0.0001	0.45	<0.0001
Fever	0.23	<0.0001	0.13	<0.0001	0.18	<0.0001	0.24	<0.0001	0.09	0.04
Dyspnea	0.45	<0.0001	0.34	<0.0001	0.29	<0.0001	0.27	<0.0001	0.26	<0.0001
Cough	0.22	<0.0001	0.21	<0.0001	0.18	<0.0001	0.16	<0.0001	0.13	<0.0001
Oral Mucositis	0.29	<0.0001	0.25	<0.0001	0.31	<0.0001	0.22	<0.0001	0.25	<0.0001
Nausea	0.41	<0.0001	0.39	<0.0001	0.39	<0.0001	0.31	<0.0001	0.38	<0.0001
Vomiting	0.30	<0.0001	0.24	<0.0001	0.22	<0.0001	0.18	<0.0001	0.24	<0.0001
Diarrhea	0.06	0.19	0.08	0.06	0.11	0.01	0.08	0.06	0.13	0.002
Constipation	0.30	<0.0001	0.22	<0.0001	0.28	<0.0001	0.28	<0.0001	0.22	<0.0001
Peripheral Neuropathy	0.35	<0.0001	0.26	<0.0001	0.42	<0.0001	0.42	<0.0001	0.29	<0.0001