Your concerns related to your illness

Today's Date __ __ / __ __ / __ __

MM / DD / YY

Patients often develop concerns or worries related to their disease. Please place a vertical mark (│) anywhere across the line between "Not at all" and "A great deal" that indicates how you see yourself. Please respond to every statement according to how you feel today.*

EXAMPLE:
Because of your condition, how concerned are you with ...

SYMPTOM/FLARE-UPS

Not at all │ [Mark] │ A great deal

I have marked the line to indicate that I feel mildly concerned. (If you feel more or less concern you would place your mark closer to the end which describes your level of concern.)
* The VAS scale should measure 100mm, alternatively, one may use 0-100 numerical response using the same verbal anchors for each question. However, this method, while pragmatic, has not been fully validated.
Because of your condition, how concerned are you with ...

1. Financial difficulties
   - Not at all
   - A great deal

2. Pain or suffering
   - Not at all
   - A great deal

3. Your ability to achieve your full potential
   - Not at all
   - A great deal

4. Loss of bowel control
   - Not at all
   - A great deal

5. Developing cancer
   - Not at all
   - A great deal

6. Dying early
   - Not at all
   - A great deal

7. Being a burden (or depending) on others
   - Not at all
   - A great deal

8. Your attractiveness
   - Not at all
   - A great deal

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Because of your condition, how concerned are you with ... 

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Feeling alone</td>
<td>Not at all, A great deal</td>
</tr>
<tr>
<td>10. Feeling out of control</td>
<td>Not at all, A great deal</td>
</tr>
<tr>
<td>11. Feeling &quot;dirty&quot; or &quot;smelly&quot;</td>
<td>Not at all, A great deal</td>
</tr>
<tr>
<td>12. Your ability to perform sexually</td>
<td>Not at all, A great deal</td>
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<td>13. Your ability to have children</td>
<td>Not at all, A great deal</td>
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<tr>
<td>14. Passing the disease onto others</td>
<td>Not at all, A great deal</td>
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<td>15. Being treated as different</td>
<td>Not at all, A great deal</td>
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<tr>
<td>16. Having surgery</td>
<td>Not at all, A great deal</td>
</tr>
<tr>
<td>17. Having an ostomy bag</td>
<td>Not at all, A great deal</td>
</tr>
</tbody>
</table>
Because of your condition, how concerned are you with ...

18. Producing unpleasant odors
    Not at all __________________________ A great deal

19. Your energy level
    Not at all __________________________ A great deal

20. Your feelings about your body
    Not at all __________________________ A great deal

21. Intimacy
    Not at all __________________________ A great deal

22. Loss of sexual drive
    Not at all __________________________ A great deal

23. Having access to quality medical care
    Not at all __________________________ A great deal

24. The uncertain nature of your disease
    Not at all __________________________ A great deal

25. Effects of medication
    Not at all __________________________ A great deal

26. I am also concerned about:
    __________________________
    __________________________
    __________________________
    __________________________