**CHRONIC GVHD ACTIVITY ASSESSMENT-PATIENT SELF REPORT**

### Symptoms

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Not Present</th>
<th>As Bad As You Can Imagine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Your skin itching at its WORST?</td>
<td>O O O O O O O O O O</td>
<td></td>
</tr>
<tr>
<td>Your mouth dryness at its WORST?</td>
<td>O O O O O O O O O O</td>
<td></td>
</tr>
<tr>
<td>Your mouth pain at its WORST?</td>
<td>O O O O O O O O O O</td>
<td></td>
</tr>
<tr>
<td>Your mouth sensitivity at its WORST?</td>
<td>O O O O O O O O O O</td>
<td></td>
</tr>
</tbody>
</table>

### Eyes

What is your main complaint with regard to your eyes?

<table>
<thead>
<tr>
<th>complaint</th>
<th>0 1 2 3 4 5 6 7 8 9 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulvovaginal Symptoms (females only)</td>
<td>Do you have any burning, pain or discomfort in the area of your vagina, vulva or labia? OR Do you have any discomfort or pain with sexual intercourse?</td>
</tr>
<tr>
<td>o Yes</td>
<td>o No</td>
</tr>
</tbody>
</table>

### Patient Global Ratings:

1. **Overall, do you think that your chronic graft versus host disease is mild, moderate or severe?**
   
   0= none  
   1= mild  
   2=moderate  
   3=severe

2. **Please circle the number indicating how severe your chronic graft versus host disease symptoms are, where 0 is cGVHD symptoms that are not at all severe and 10 is the most severe chronic GVHD symptoms possible.**

3. **Compared to a month ago, overall would you say that your cGVHD symptoms are:**

   +3= Very much better  
   +2= Moderately better  
   +1=A little better  
   0= About the same  
   -1=A little worse  
   -2=Moderately worse  
   -3=Very much worse

### Attach copies of:

**Adults (persons 18 years or older):**
- Lee cGvHD Symptom Scale  
- Human Activity Profile  
- SF-36 v.2  
- FACT-BMT

**Children/Adolescents (persons 17 years or younger):**
- Lee cGVHD Symptom Scale (persons 8-12 years old may complete with help of the health care professional)  
- ASK - Activities Scale for Kids  
- CHRIis-Generic and Disease Specific Inventory