

Quality of life in elderly patients with acute myeloid leukemia: patients may be more accurate than physicians

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Online Supplementary Materials.

QOL-E

INTRODUCTION

1) In general, you would say that your health is:

Excellent	Good	Acceptable	Poor
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2) Compared to a month ago, your health is:

Improved	The same	Worse	Much Worse
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PHYSICAL WELL-BEING

3) In the last week, some daily activities may have been limited by your health, such as:

		I find it very difficult	I find it partially difficult	It is not difficult at all
A	Performing heavy activities (for example, running, jumping, etc.)			
B	Climbing stairs			
C	Lowering myself			
D	Taking care of myself (washing, dressing, feeding myself)			

FUNCTIONAL WELL-BEING

4) In the last week, what problems have you had in daily activities because of your health?

		Yes	No
A	I got very little done		
B	I had more fatigue doing my work		

5) During the last week was it difficult for you to stay awake during the daytime?

Always	For many hours	For a few hours	Never
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SOCIAL OR FAMILY WELL-BEING

6) According to you, are the following statements true or false?

		True	I do not know	False
A	My present condition interferes too much with my life			
B	I feel oppressed by my disease			
C	I feel that I am a burden for my family			

7) Is your health an impediment for you to keep a paid job?

True	False
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8) In the last week, was getting sexually excited a problem for you?

It was not a problem at all	It was a small problem	Sometimes, it was a problem	It was a big problem
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DISTURBANCES, RELATED TO THE DISEASE

9) In the last week, how much did fatigue get in the way with your daily chores?

Not at all	A little	A lot	Extremely
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10) In the last week, how much fatigue did you have?

Not at all	A little	A lot	Extreme
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11) In the last week, how much did the following problems disturb you?

		Not at all	A little	A lot	Extremely
A	Headache				
B	Palpitations (i.e., heart pounding)				
C	Difficulty in taking care of yourself				
D	Being bedridden				

12) During the last week, did you get enough sleep?

Always	Often	Rarely	Never

13) During the last week, did shortness of breath while climbing the stairs disturb you?

Never	Sometimes	Often	Very often

14) What effects of the disease disturb your daily life?

		No, not at all	Yes, sometimes	Yes, extremely
A	Being dependent on transfusions			
B	Not being able to do house chores			
C	Not being able to travel			
D	Being dependent on the hospital, doctors and/or nurses			
E	Stress and worry because of the disease			
F	The effect on your sex life			
G	Side effects of treatment			