APPENDIX II- NUMERICAL RATING SCALE- WEEKLY

This will be completed weekly.

For the following questions, please circle the one number (0-10) that best describes the way you felt over the past 7 days

1. Please rate your appetite over the past 7 days

0	1	2	3	4	5	6	7	8	9	10
No appetite										Appetite as good as it can be

2. Please rate your well-being over the past 7 days

0	1	2	3	4	5	6	7	8	9	10
Well-being as bad as it can be										Well-being as good as it can be

3. Please rate your nausea over the past 7 days

0	1	2	3	4	5	6	7	8	9	10
No nausea at all										Nausea as bad as it can be

4. Please rate your vomiting over the past 7 days

0	1	2	3	4	5	6	7	8	9	10
No vomiting										Vomiting as bad as it can be

5. Please rate your fatigue over the past 7 days

0	1	2	3	4	5	6	7	8	9	10
No fatigue										Fatigue as bad as it can be

6. Please rate your pain over the past 7 days

0	1	2	3	4	5	6	7	8	9	10
No pain										Pain as bad as it can be

7. Please rate your ability to have a restful night's sleep over the past 7 days

0	1	2	3	4	5	6	7	8	9	10
Sleep is as bad as it can be										Sleep is as good as it can be

8. Please rate your degree of anxiety/stress over the past 7 days

0	1	2	3	4	5	6	7	8	9	10
No anxiety/stress										Anxiety/stress as bad as it can be

9. Please rate your sense of taste over the past 7 days

0	1	2	3	4	5	6	7	8	9	10
Food tastes fine										Food taste different/off

10. Please rate your sense of feeling "full" with eating over the past 7 days

0	1	2	3	4	5	6	7	8	9	10
No sense of feeling full										I always feel full

11. Please rate your sense of smell over the past 7 days

0	1	2	3	4	5	6	7	8	9	10
My sense of smell is poor										My sense of smell is as good as it can be

12. Please rate your clear thinking over the past 7 days

0	1	2	3	4	5	6	7	8	9	10
My thinking is confused										My thinking is as good as it can be