SWOG
PROMIS–29 PROFILE V2.1

Version Date: 07-21-2021

Participant Identifier ☐☐☐☐☐☐ **Study Identifier** S 2 0 1 3 **Registration Step** 1

Participant Initials __________________ (L, F M) **Date Questionnaire Completed** ☐☐ ☐☐☐ ☐☐☐☐

Page: PROMIS-29 Profile v2.1

Timepoint *(derived in Rave)*

- ◯ Baseline
- ◯ Week 4
- ◯ Week 12
- ◯ Week 24
- ◯ Week 52

Instructions: Please respond to each question or statement by marking one box per row.

	Physical Function	**Without any difficulty**	**With a little difficulty**	**With some difficulty**	**With much difficulty**	**Unable to do**
1.	Are you able to do chores such as vacuuming or yard work?	☐	☐	☐	☐	☐
2.	Are you able to go up and down stairs at a normal pace?	☐	☐	☐	☐	☐
3.	Are you able to go for a walk of at least 15 minutes?	☐	☐	☐	☐	☐
4.	Are you able to run errands and shop?	☐	☐	☐	☐	☐
	Anxiety **In the past 7 days…**	**Never**	**Rarely**	**Some-times**	**Often**	**Always**
5.	I felt fearful	☐	☐	☐	☐	☐
6.	I found it hard to focus on anything other than my anxiety	☐	☐	☐	☐	☐
7.	My worries overwhelmed me	☐	☐	☐	☐	☐
8.	I felt uneasy	☐	☐	☐	☐	☐
	Depression **In the past 7 days…**	**Never**	**Rarely**	**Some-times**	**Often**	**Always**
9.	I felt worthless	☐	☐	☐	☐	☐
10.	I felt helpless	☐	☐	☐	☐	☐
11.	I felt depressed	☐	☐	☐	☐	☐
12.	I felt hopeless	☐	☐	☐	☐	☐

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Page: PROMIS-29 Profile v2.1, continued

	Fatigue **During the past 7 days…**	**Not at all**	**A little bit**	**Some-what**	**Quite a bit**	**Very much**
13.	I feel fatigued	☐	☐	☐	☐	☐
14.	I have trouble starting things because I am tired	☐	☐	☐	☐	☐
15.	How run-down did you feel on average?	☐	☐	☐	☐	☐
16.	How fatigued were you on average?	☐	☐	☐	☐	☐
	Sleep Disturbance **In the past 7 days...**	**Very poor**	**Poor**	**Fair**	**Good**	**Very good**
17.	My sleep quality was	☐	☐	☐	☐	☐
	In the past 7 days...	**Not at all**	**A little bit**	**Some-what**	**Quite a bit**	**Very much**
18.	My sleep was refreshing	☐	☐	☐	☐	☐
19.	I had a problem with my sleep	☐	☐	☐	☐	☐
20.	I had difficulty falling asleep	☐	☐	☐	☐	☐
	Ability to Participate in Social Roles and Activities	**Never**	**Rarely**	**Some-times**	**Usually**	**Always**
21.	I have trouble doing all of my regular leisure activities with others	☐	☐	☐	☐	☐
22.	I have trouble doing all of the family activities that I want to do	☐	☐	☐	☐	☐
23.	I have trouble doing all of my usual work (include work at home)	☐	☐	☐	☐	☐
24.	I have trouble doing all of the activities with friends that I want to do	☐	☐	☐	☐	☐

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Participant Identifier		Study Identifier	S 2 0 1 3	Registration Step	1
Participant Initials ___________________ (L, F M)		Date Questionnaire Completed			

Page: PROMIS-29 Profile v2.1, continued

	Pain Interference **In the past 7 days…**	**Not at all**	**A little bit**	**Some-what**	**Quite a bit**	**Very much**
25.	How much did pain interfere with your day to day activities?	☐	☐	☐	☐	☐
26.	How much did pain interfere with work around the home?	☐	☐	☐	☐	☐
27.	How much did pain interfere with your ability to participate in social activities?	☐	☐	☐	☐	☐
28.	How much did pain interfere with your household chores?	☐	☐	☐	☐	☐

	Pain Intensity **In the past 7 days…**	**No Pain**										**Worst pain imaginable**
29.	How would you rate your pain on average?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10

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PROMIS COGNITIVE FUNCTION – SHORT FORM 4A

Participant Identifier ☐☐☐☐☐☐	**Study Identifier** S 2 0 1 3	**Registration Step** 1	
Participant Initials __________________ (L, F M)	**Date Questionnaire Completed** ☐☐ ☐☐☐ ☐☐☐☐		

Page: PROMIS Cognitive Function - Short Form 4a

Timepoint *(derived in Rave)*

- ◯ Baseline
- ◯ Week 4
- ◯ Week 12
- ◯ Week 24
- ◯ Week 52

Instructions: Please respond to each question or statement by marking one box per row.

In the past 7 days...	Never	Rarely (Once)	Sometimes (Two or three times)	Often (About once a day)	Very often (Several times a day)
1. My thinking has been slow……………….…..	☐	☐	☐	☐	☐
2. It has seemed like my brain was not working as well as usual…………………..………..	☐	☐	☐	☐	☐
3. I have had to work harder than usual to keep track of what I was doing …………………..…	☐	☐	☐	☐	☐
4. I have had trouble shifting back and forth between different activities that require thinking ……………………………..………..	☐	☐	☐	☐	☐

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FACT-G (Version 4)

Participant Identifier ☐☐☐☐☐☐ **Study Identifier** S 2 0 1 3 **Registration Step** 1

Participant Initials ___________________ (L, F M) **Date Questionnaire Completed** ☐☐ ☐☐☐ ☐☐☐☐

Page: FACT-G (Version 4)

Timepoint *(derived in Rave)*

- ◯ Baseline
- ◯ Week 4
- ◯ Week 12
- ◯ Week 24
- ◯ Week 52

Please circle or mark one number per line to indicate your response as it applies to the past 7 days.

	Not at all	A little bit	Some-what	Quite a bit	Very much
I am bothered by side effects of treatment	1	2	3	4	5

English (Universal)

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SWOG
S2013 PRO-CTCAE

Version Date: 07-21-2021

Participant Identifier	☐☐☐☐☐☐	Study Identifier	S 2 0 1 3	Registration Step	1
Participant Initials ______________ (L, F M)		Date Questionnaire Completed	☐☐ ☐☐☐ ☐☐☐☐		

Page: PRO-CTCAE

Timepoint *(derived in Rave)*	◯ Baseline ◯ Week 4 ◯ Week 12 ◯ Week 24 ◯ Weeks 52 ◯ Suspected Grade 3 or higher irAE
Was the PRO-CTCAE completed for this timepoint?	◯ Yes ◯ No

Patient Instructions: As individuals go through treatment for their cancer they sometimes experience different symptoms and side effects. For each question, please check or mark an ☒ in the one box that best describes your experiences **over the past 7 days…**

#	Question	Response
1	In the last 7 days, how OFTEN did you have NAUSEA?	☐ Never ☐ Rarely ☐ Occasionally ☐ Frequently ☐ Almost constantly
2	In the last 7 days, what was the SEVERITY of your NAUSEA at its WORST?	☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Very severe
3	In the last 7 days, how OFTEN did you LOSE CONTROL OF BOWEL MOVEMENTS?	☐ Never ☐ Rarely ☐ Occasionally ☐ Frequently ☐ Almost constantly
4	In the last 7 days, how much did LOSS OF CONTROL OF BOWEL MOVEMENTS INTERFERE with your usual or daily activities?	☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

Item Library Version 1.0
English

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Participant Identifier	☐☐☐☐☐☐	**Study Identifier**	S 2 0 1 3	**Registration Step**	1
Participant Initials ______________ (L, F M)		**Date Questionnaire Completed**	☐☐ ☐☐☐ ☐☐☐☐		

Page: PRO-CTCAE, continued

#	Question	Response
5	In the last 7 days, what was the SEVERITY of your SHORTNESS OF BREATH at its WORST?	☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Very severe
6	In the last 7 days, how much did your SHORTNESS OF BREATH INTERFERE with your usual or daily activities?	☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
7	In the last 7 days, did you have any RASH?	☐ Yes ☐ No
8	In the last 7 days, what was the SEVERITY of your ITCHY SKIN at its WORST?	☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Very severe
9	In the last 7 days, what was the SEVERITY of your NUMBNESS OR TINGLING IN YOUR HANDS OR FEET at its WORST?	☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Very severe
10	In the last 7 days, how much did NUMBNESS OR TINGLING IN YOUR HANDS OR FEET INTERFERE with your usual or daily activities?	☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
11	In the last 7 days, how much did FATIGUE, TIREDNESS, OR LACK OF ENERGY INTERFERE with your usual or daily activities?	☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

Item Library Version 1.0
English

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SWOG
S2013 FEASIBILITY QUESTIONNAIRE

Version Date: 07-21-2021

Participant Identifier ☐☐☐☐☐☐	**Study Identifier** S 2 0 1 3	**Registration Step** 1	
Participant Initials ________________ (L, F M)	**Date Questionnaire Completed** ☐☐ ☐☐☐ ☐☐☐☐		

Page: Feasibility Questionnaire

Instructions: We would like to hear about your experience with the Medidata Patient Cloud application ("Patient Cloud app").

Question	Response
1. For how many years have you used a mobile device, such as a smartphone or tablet?	◯ Less than 1 year ◯ 1-3 years ◯ 3-5 years ◯ More than 5 years ◯ I do not use mobile devices like smartphones or tablets
2. Everyone completed questionnaires like the PROMIS-29 on paper at baseline. When you registered to this study, how did you choose to complete questionnaires like the PROMIS-29 at follow-up visits? *(If Patient Cloud app, please answer **questions 3 through 9** below.)*	◯ Patient Cloud app ◯ On paper
If on paper, please select the main reason why you did not choose Patient Cloud:	◯ Data privacy concerns ◯ I do not have a smartphone or tablet ◯ Lack of knowledge or experience using a smartphone or tablet ◯ Lack of experience using apps ◯ Symptoms related to cancer prevent me from using apps like Patient Cloud

Questions 3-9 are to be completed only by those who planned to use the Patient Cloud app to complete follow-up questionnaires. Those who chose to complete follow-up forms on paper are finished with this form.

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Participant Identifier		**Study Identifier**	S 2 0 1 3	**Registration Step**	1
Participant Initials ________________ (L, F M)		**Date Questionnaire Completed**			

Page: Feasibility Questionnaire, continued

3. What device(s) did you use to complete questionnaires in the Patient Cloud app? *(Mark all that apply)*

- ☐ My personal smartphone
- ☐ My personal tablet
- ☐ A tablet provided to me by the clinic
- ☐ Someone else's smartphone or tablet
- ☐ Prefer not to answer
- ☐ I did not complete any questionnaires

4. Thinking about each time you completed or tried to complete the questionnaires, how easy or difficult did you find it to log into the Patient Cloud app?
(Please mark one answer for every time point.)

Time point	**Very Easy**	**Easy**	**Difficult**	**Very Difficult**	**Did not get to app**
Week 4 (1 month)	◯	◯	◯	◯	◯
Week 12 (3 months)	◯	◯	◯	◯	◯
Week 24 (6 months)	◯	◯	◯	◯	◯
Week 52 (1 year)	◯	◯	◯	◯	◯

5. Thinking about each time you completed or tried to complete the questionnaires, how easy or difficult did you find it to complete the questionnaires after logging into the Patient Cloud app?
(Please mark one answer for every time point.)

Time point	**Very Easy**	**Easy**	**Difficult**	**Very Difficult**	**Did not get to app**
Week 4 (1 month)	◯	◯	◯	◯	◯
Week 12 (3 months)	◯	◯	◯	◯	◯
Week 24 (6 months)	◯	◯	◯	◯	◯
Week 52 (1 year)	◯	◯	◯	◯	◯

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SWOG
S2013 FEASIBILITY QUESTIONNAIRE

Participant Identifier		**Study Identifier** S 2 0 1 3	**Registration Step** 1
Participant Initials ________________ (L, F M)		**Date Questionnaire Completed**	

Page: Feasibility Questionnaire, continued

6. When using the Patient Cloud application, how much help did you need?	◯ None ◯ Some ◯ A lot ◯ I prefer not to answer
7. When using the Patient Cloud application, what kind of help did you need? (*Mark all that apply)*	☐ Help installing the application ☐ Help registering with the application the first time ☐ Help reading Questions ☐ Help reading Answers ☐ Help submitting Questionnaires ☐ Log in or Password Assistance ☐ I prefer not to answer ☐ I did not need any help
8. If you did not complete questionnaires at week 4, 12, 24, or 52 using the Patient Cloud app, please select the main reason why not:	◯ Data privacy concerns ◯ Lack of knowledge or experience using a smartphone or tablet ◯ Lack of experience using apps ◯ Symptoms related to cancer preventing Patient Cloud usage ◯ Difficult to make time to complete questionnaires ◯ I completed all of my questionnaires using the Patient Cloud app
9. Would you have preferred to complete the questionnaires on paper?	◯ Yes ◯ No ◯ Not sure

Thank you. You are finished with this form.