Date:\_\_\_\_\_

## chronic GVHD Symptom Scale

By circling one (1) number per line, please indicate how much you have been bothered by the following problems in the past month:

SKIN:		Not at all	Slightly	Moderately	Quite a bit	Extremely	
	1.	Abnormal skin color	0	1	2	3	4
	2.	Rashes	0	1	2	3	4
	3.	Thickened skin	0	1	2	3	4
	4.	Sores on skin	0	1	2	3	4
	5.	Itchy skin	0	1	2	3	4

EYES AND MOUTH:		Not at all	Slightly	Moderately	Quite a bit	Extremely
6.	Dry eyes	0	1	2	3	4
7.	Need to use eye drops frequently	0	1	2	3	4
8.	Difficulty seeing clearly	0	1	2	3	4
9.	Need to avoid certain foods due to mouth pain	0	1	2	3	4
10.	Ulcers in mouth	0	1	2	3	4
11.	Receiving nutrition from an intravenous line or feeding tube	0	1	2	3	4

BREATHING:		Not at all	Slightly	Moderately	Quite a bit	Extremely
12.	Frequent cough	0	1	2	3	4
13.	Colored sputum	0	1	2	3	4
14.	Shortness of breath with exercise	0	1	2	3	4
15.	Shortness of breath at rest	0	1	2	3	4
16.	Need to use oxygen	0	1	2	3	4

EATING AND DIGESTION:		Not at all	Slightly	Moderately	Quite a bit	Extremely	
	17.	Difficulty swallowing solid foods	0	1	2	3	4
	18.	Difficulty swallowing liquids	0	1	2	3	4
	19.	Vomiting	0	1	2	3	4
	20.	Weight loss	0	1	2	3	4

MUSCLES AND JOINTS:		Not at all	Slightly	Moderately	Quite a bit	Extremely	
	21.	Joint and muscle aches	0	1	2	3	4
	22.	Limited joint movement	0	1	2	3	4
	23.	Muscle cramps	0	1	2	3	4
	24.	Weak muscles	0	1	2	3	4

ENERGY:		Not at all	Slightly	Moderately	Quite a bit	Extremely
25.	Loss of energy	0	1	2	3	4
26.	Need to sleep more/take naps	0	1	2	3	4
27.	Fevers	0	1	2	3	4

MENTAL AND EMOTIONAL:		Not at all	Slightly	Moderately	Quite a bit	Extremely	
	28.	Depression	0	1	2	3	4
	29.	Anxiety	0	1	2	3	4
	30.	Difficulty sleeping	0	1	2	3	4