Today's Date: ________________________ MR#/Name: ________________________

CHRONIC GVHD ACTIVITY ASSESSMENT-PATIENT

Symptoms **Please rate how severe the following symptoms have been in the last seven days. Please fill in the circle below from 0 (symptom has not been present) to 10 (the symptom was as bad as you can imagine it could be) for each item.**	**Not Present** 0	1	2	3	4	5	6	7	8	9	**As Bad As You Can Imagine** 10
Your **itching** at its WORST?	O	O	O	O	O	O	O	O	O	O	O
Your **mouth dryness** at its WORST?	O	O	O	O	O	O	O	O	O	O	O
Your **mouth pain** at its WORST?	O	O	O	O	O	O	O	O	O	O	O
Your **mouth sensitivity** at its WORST?	O	O	O	O	O	O	O	O	O	O	O

Eyes	What is your main complaint with regard to your eyes?	
	On a scale of 0-10, where 0 is no bother with this symptom, and 10 is the worst bother from this symptom that you can imagine, please rate the degree to which this main complaint about your eyes bothers you:	0 1 2 3 4 5 6 7 8 9 10
Vulvovaginal Symptom (females only)	Do you have any burning, pain or discomfort in the area of your vagina or labia? OR Do you have any discomfort or pain with sexual intercourse?	o Yes o No o Not applicable

Patient Global Ratings:

1. Overall, do you think that your chronic graft versus host disease is mild, moderate or severe?
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.

0 1 2 3 4 5 6 7 8 9 10

cGvHD symptoms not at all severe — Most severe cGvHD 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:

- ✓ Human Activity Profile
- ✓ SF-36
- ✓ FACT-BMT
- ✓ cGvHD Symptom Scale