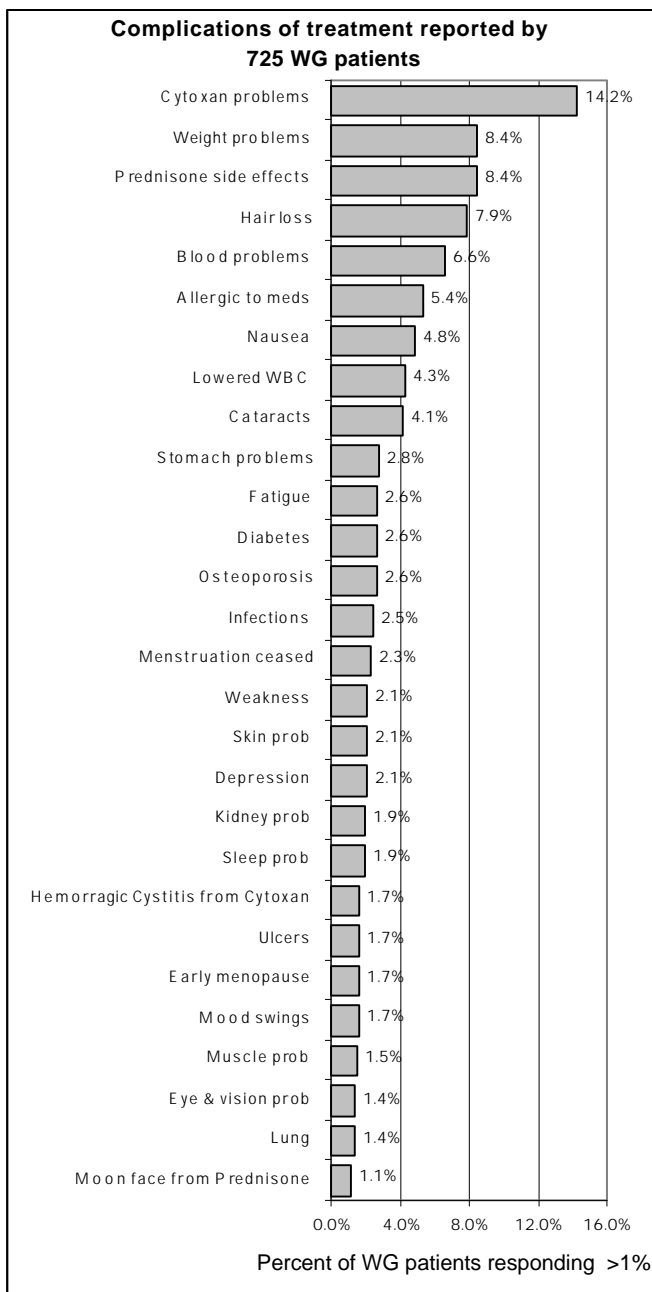
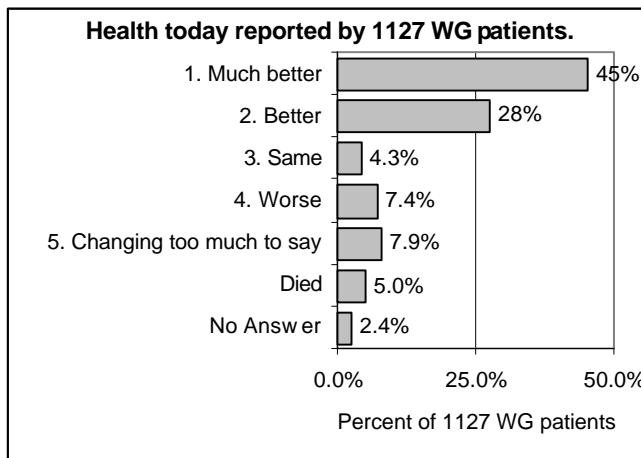


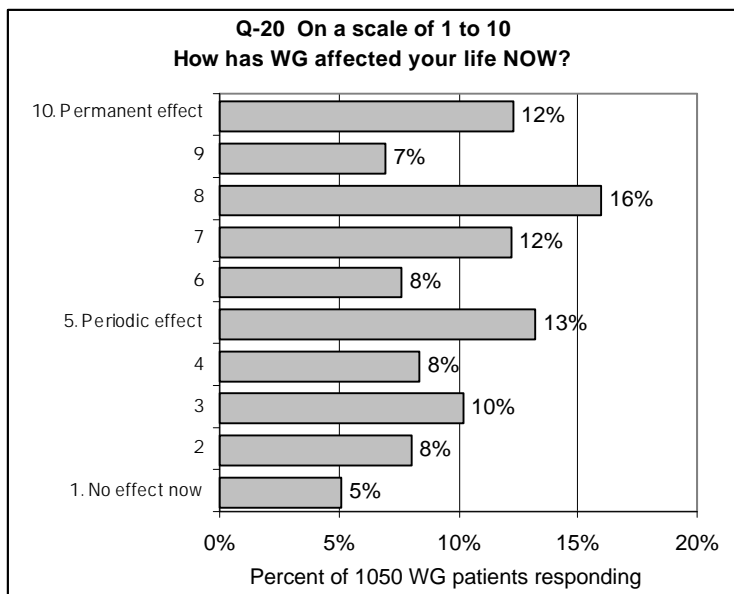
Question ...18. Any *complications of treatment*? _____



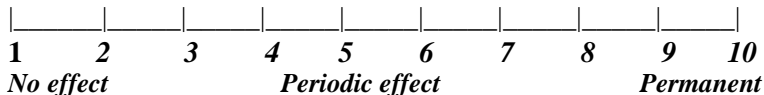
Question ..19. Compare your health *today* with when you were *first diagnosed*. . Please circle number:
 Health now is: *Much better.....1 Better.....2*
Same.....3 Worse.....4 Changing too much to say.....5



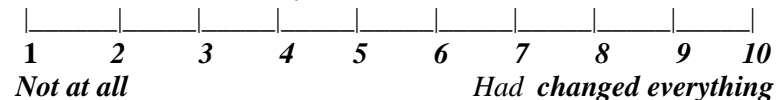
Question 20.



Question 20. How would you rate the *present* impact of the disease (including side effects of therapy) on your ability to perform you're daily activities at home and/or at work?



Question 21. On this chart how much had WG affected your life *at the time of diagnosis*?



Question 21.

