	(NFMA) size			
	NL52821.018.15			
	Study number: GALANT _ _ Date: _d d		_0_ _ y y y	T = _
	SF-36 HEALTH QUESTIONNAIRE			
	INSTRUCTIONS: This health survey includes a wide value and your life. With the information we can keep track of are carrying out your usual daily activities. Please answer each question by marking the box like answer a question, please try to choose the most appropriate the survey includes a wide value of the properties.	on how you are ▼ or ☑. If yo	e feeling and	how you
1	In general, would you say your health is □ Excellent □ Very good □ Good □ Fair □ Poor			
2	Compared to one year ago, how would you rate your heal ☐ Much better now than one year ago ☐ Somewhat better now than one year ago ☐ About the same ☐ Somewhat worse now than one year ago ☐ Much worse now than one year ago	lth in general <u>r</u>	now?	
3	The following items are about activities you might do during you in these activities? If so, how much?	ng a typical da	y. Does <u>your l</u>	nealth now limi
<u>ACTI\</u>	VITIES:	Yes, limited a lot	Yes, limited a little	No, not limited at all
_	orous activities, such as running, lifting heavy objects, ipating in strenuous sports			
	derate activities, such as moving a table, pushing a m cleaner, swimming, or riding a bicycle			
c. Lifti	ng or carrying groceries			
d. Clir	mbing several flights of stairs			
e. Clir	mbing one flight of stairs			
f. Ben	ding, kneeling or stooping			
g. Wa	lking more than one kilometer			
h. Wa	lking several hundred meters			
i. Wal	king about one hundred meters			
j. Bath	ning or dressing yourself			

GALANT: The effect of lanreotide on non-functioning pituitary macroadenoma

	(NFMA) size						
	NL52821.018.15						
	Study number: GALANT _ _ Date: - - - - - -						
1	During the <u>past 4 weeks</u> , have you had any of the following problems with your work or other regul daily activities <u>as a result of your physical health</u> ? YES NO						
o. Acc c. We d. Had	t down the amount of time you spent on work or other activities complished less than you would like re limited in the kind of work or other activities d difficulty performing the work or other activities (for example, it took effort)						
5	During the <u>past 4 weeks</u> , have you had any of the following problems with your work or other regul daily activities <u>as a result of any emotional problems</u> (such as feeling depressed or anxious)? YES NO						
o. Ac	t down the amount of time you spent on work or other activities complished less than you would like n't do work or other activities as carefully as usual						
õ	During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? □ Not at all □ Slightly □ Moderately □ Quite a bit □ Extremely						
7	How much bodily pain have you had during the past 4 weeks? None Very mild Mild Moderate Severe Very severe						
3	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? □ Not at all □ A little bit □ Moderately □ Quite a bit □ Extremely						

GALANT: The effect of lanreotide on non-functioning pituitary macroadenoma (NFMA) size									
•	NL52821.018.15								
	Study number: GALANT _ _	D	ate: <u> </u> _ d d	- <u> </u> - _2 m m y	_ _0_ _ yyy		=		
	These questions are about how you fee For each question, please give the one								
How m	uch of the time during the past 4 weeks:								
		All of the time	of the	A good bit of the time	Some of the time				
a. Did you feel full of pep?b. Have you been a very nervous person?c. Have you felt so down in the dumps that nothing could cheer you up?									
d. Have you felt calm and peaceful?									
e. Did you have a lot of energy?									
f. Have you felt downhearted and blue?									
g. Did you feel worn out?									
h. Have you been a happy person?i. Did you feel tired?									
	During the <u>past 4 weeks</u> , how much of t <u>problems</u> interfered with your social acti ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ A little of the time ☐ None of the time								
11	How TRUE or FALSE is <u>each</u> of the following statements for you:		Definitely true	Mostly true	Don't know	Mostly false	Definitely false		
a. I seem to get sick a little easier than other peopleb. I am as healthy as anybody I knowc. I expect my health to get worsed. My health is excellent		eople							