



**GALANT: The effect of lanreotide on non-functioning pituitary macroadenoma (NFMA) size**

NL52821.018.15

Study number: GALANT|\_|\_|\_|\_| Date: |\_|\_|\_|-|\_|\_|\_|-|\_2\_|\_0\_|\_|\_|\_| T = |\_|\_|\_|  
d d m m y y y y

4 During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| a. Cut down the <b>amount of time</b> you spent on work or other activities                          | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <b>Accomplished less</b> than you would like  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Were limited in the <b>kind</b> of work or other activities                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Had <b>difficulty</b> performing the work or other activities (for example, it took extra effort) | <input type="checkbox"/> | <input type="checkbox"/> |

5 During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| a. Cut down the <b>amount of time</b> you spent on work or other activities | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <b>Accomplished less</b> than you would like                             | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Didn't do work or other activities as <b>carefully</b> as usual          | <input type="checkbox"/> | <input type="checkbox"/> |

6 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

8 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

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9 These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks:

	<b>All of the time</b>	<b>Most of the time</b>	<b>A good bit of the time</b>	<b>Some of the time</b>	<b>A little of the time</b>	<b>None of the time</b>
a. Did you feel full of pep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you been a very nervous person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Have you felt calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Did you have a lot of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Have you felt downhearted and blue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Did you feel worn out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Have you been a happy person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Did you feel tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10 During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

- 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 each of the following statements for you:

	<b>Definitely true</b>	<b>Mostly true</b>	<b>Don't know</b>	<b>Mostly false</b>	<b>Definitely false</b>
a. I seem to get sick a little easier than other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am as healthy as anybody I know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I expect my health to get worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My health is excellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>