

**Late Effects Form (1/4)****Late Effects of Treatment Assessment**

Please complete this form for all surviving patients 4.5-5 years post registration.  
For patients who completed all trial treatment, this will coincide with the 2 year follow up visit. (2 years after stopping maintenance/4 years post transplant)

Date of Assessment (dd/mm/yyyy)

       
**Symptoms of Heart Failure**

Any symptoms of heart failure post ALL diagnosis (1=Yes, 2=No)

*If Yes, please specify the grade of heart failure:*1= Class I (Mild) – No limitation to physical activity. Ordinary physical activity does not cause undue fatigue, palpitation or dyspnoea2= Class II (Mild) – Slight limitation to physical activity. Comfortable at rest, but ordinary physical activity results in fatigue, palpitation or dyspnoea3= Class III (moderate) – Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity results in fatigue, palpitation or dyspnoea4= Class IV (severe) – Unable to carry out any physical activity without discomfort.

Symptoms of cardiac insufficiency at rest. If any physical activity is undertaken, discomfort is increased.

On cardiac medication now (1=Yes, 2=No)

*If Yes, please specify which medication from the list below(1=Yes, 2=No)*

Beta Blockers

Ace Inhibitors

Diuretics

Calcium channel antagonists

Other (specify)

Other (specify)

**Echocardiogram**

Date of Echo (dd/mm/yyyy)

       

Left Ventricular Ejection Fraction (%)

**Late Effects Form (2/4)*****Late Effects of Treatment Assessment*****Fertility**

Please complete the appropriate section below.

***Female Patients***

Restoration of normal menses post therapy (1=Yes, 2=No)

Pregnancies post treatment (1=Yes, 2=No)

If yes, how many?

Has the patient reached menopause (1=Yes, 2=No)

If Yes, age at menopause

***Male Patients***

Fathered children post therapy (1=Yes, 2=No)

**Mental Health**

Any history of mental health issues post ALL treatment? (1=Yes, 2=No)

*If Yes, please complete below (1=Yes, 2=No)*

Diagnosis of Depression

Attempted suicide/self harm

Psychotic illness

Anxiety

Other (specify)

On anti-depressants now? (1=Yes, 2=No)

**Completed  
by:****Signature:****Date  
completed:**

d	d	m	m	y	y	y	y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Late Effects Form (3/4)

### General Health Questionnaire [GHQ-12]

We want to know how your health has been in general over the last few weeks. Please read the questions below and each of the four possible answers. Circle the response that best applies to you. Thank you for answering all the questions.

Have you recently:

**1. Been able to concentrate on what you're doing?**

better than usual	same as usual	less than usual	much less than usual
(0)	(1)	(2)	(3)

**2. Lost much sleep over worry?**

Not at all	no more than usual	rather more than usual	much more than usual
(0)	(1)	(2)	(3)

**3. Felt that you are playing a useful part in things?**

more so than usual	same as usual	less so than usual	much less than usual
(0)	(1)	(2)	(3)

**4. Felt capable of making decisions about things?**

more so than usual	same as usual	less than usual	much less than usual
(0)	(1)	(2)	(3)

**5. Felt constantly under strain?**

Not at all	no more than usual	rather more than usual	much more than usual
(0)	(1)	(2)	(3)

**6. Felt you couldn't overcome your difficulties?**

Not at all	no more than usual	rather more than usual	much more than usual
(0)	(1)	(2)	(3)

## Late Effects Form (4/4)

### General Health Questionnaire [GHQ-12]

We want to know how your health has been in general over the last few weeks. Please read the questions below and each of the four possible answers. Circle the response that best applies to you. Thank you for answering all the questions.

Have you recently:

**7. Been able to enjoy your normal day to day activities?**

more so than usual    same as usual    less so than usual    much less than usual  
(0)                      (1)                      (2)                      (3)

**8. Been able to face up to your problems?**

more so than usual    same as usual    less than usual    much less than usual  
(0)                      (1)                      (2)                      (3)

**9. Been feeling unhappy or depressed?**

not at all    no more than usual    rather more than usual    much more than usual  
(0)                      (1)                      (2)                      (3)

**10. Been losing confidence in yourself?**

not at all    no more than usual    rather more than usual    much more than usual  
(0)                      (1)                      (2)                      (3)

**11. Been thinking of yourself as a worthless person?**

not at all    no more than usual    rather more than usual    much more than usual  
(0)                      (1)                      (2)                      (3)

**12. Been feeling reasonably happy, all things considered?**

more so than usual    same as usual    less so than usual    much less than usual  
(0)                      (1)                      (2)                      (3)