

			Not at all	A little bit	Some- what	Quite a bit	Very much
DRS-P	GP1	I have a lack of energy.....	0	1	2	3	4
	GP4	I have pain.....	0	1	2	3	4
	GP6	I feel ill.....	0	1	2	3	4
	O3	I have cramps in my stomach area.....	0	1	2	3	4
	HI7	I feel fatigued.....	0	1	2	3	4
	Cx6	I am bothered by constipation.....	0	1	2	3	4
	O1	I have swelling in my stomach area.....	0	1	2	3	4
DRS-E	C3	I have control of my bowels .....	0	1	2	3	4
	GF5	I am sleeping well .....	0	1	2	3	4
	GE6	I worry that my condition will get worse.....	0	1	2	3	4
TSE	GP2	I have nausea.....	0	1	2	3	4
	B5	I am bothered by hair loss.....	0	1	2	3	4
	GP5	I am bothered by side effects of treatment .....	0	1	2	3	4
	O2	I have been vomiting .....	0	1	2	3	4
FWP	BMT15	I am bothered by skin problems.....	0	1	2	3	4
	BMT5	I am able to get around by myself .....	0	1	2	3	4
	GF3	I am able to enjoy life .....	0	1	2	3	4
	GF7	I am content with the quality of my life right now.....	0	1	2	3	4

**S1 Fig.** NCCN-FACT Ovarian Symptom Index-18 (NFOSI-18). Below is a list of statements that other people with your illness have said are important. Please circle or mark one number per line to indicate your response as it applies to the past 7 days. DRS-E, Disease-Related Symptoms Subscale–Emotional; DRS-P, Disease-Related Symptoms Subscale–Physical; FWB, Function and Well-being Subscale; TSE, Treatment Side Effects Subscale.