

CUMULATIVE ILLNESS RATING SCALE (CIRS)

The CIRS used in this protocol is designed to provide an assessment of recurrent or ongoing chronic comorbid conditions, classified by 14 organ systems. Using the lists of organ-specific diagnoses, please select any conditions present in the study subject. If the subject has a recurrent or ongoing chronic conditions that are not described in the list for a given organ system, please indicate the name of the conditions under “other chronic condition” for that organ system. Please take into account that CLL-induced discomfort, symptoms, or disability should not be considered. If additional explanation would be helpful, text comments may be inserted.

For each condition selected from the CIRS List of Comorbid Conditions, please rate the severity of that condition. For the severity rating, please use the scoring guidelines shown in the table below, considering the magnitude of symptoms, how manageable the condition is, and the extent of intervention required.

Score	Severity	Findings
1	Mild	<ul style="list-style-type: none"> Mild discomfort, symptoms or disability Easy to control Requiring either no therapy/medication or only as needed
2	Moderate	<ul style="list-style-type: none"> Moderate discomfort, symptoms or disability Manageable Requiring daily treatment or first-line therapy
3	Severe	<ul style="list-style-type: none"> Severe discomfort, symptoms or disability Hard to control Requiring second-line therapy or multiple medications
4	Extremely severe	<ul style="list-style-type: none"> Life threatening, permanently disabling disability, causing organ failure Poorly manageable Requiring urgent intervention or resistant to therapy

Organ system	Condition/diagnosis (Check and score <u>all ongoing</u>)	Score 1 = Mild 2 = Moderate 3 = Severe 4 = Extremely severe	Comments (If applicable)
1. Cardiac	<input type="checkbox"/> Chronic heart failure		
	<input type="checkbox"/> Angina pectoris		
	<input type="checkbox"/> Medically relevant arrhythmia		
	<input type="checkbox"/> Valve dysfunction		
	<input type="checkbox"/> Congenital heart disease		
	<input type="checkbox"/> Cardiomyopathy		
	<input type="checkbox"/> Myocarditis		
	<input type="checkbox"/> Chronic pericarditis		
	<input type="checkbox"/> Endocarditis		
	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Other: _____			
2. Vascular	<input type="checkbox"/> Hypertension		
	<input type="checkbox"/> Thrombosis		
	<input type="checkbox"/> Peripheral diabetic microvascular disease		
	<input type="checkbox"/> Peripheral artery disease		
	<input type="checkbox"/> Aortic aneurysm		
	<input type="checkbox"/> Aortitis		
	<input type="checkbox"/> Raynaud disease		
	<input type="checkbox"/> Vasculitis		
	<input type="checkbox"/> Other: _____		
	<input type="checkbox"/> Other: _____		

Organ system	Condition/diagnosis (Check and score <u>all ongoing</u>)	Score 1 = Mild 2 = Moderate 3 = Severe 4 = Extremely severe	Comments (If applicable)
3. Hematological/ immunological	<input type="checkbox"/> Sickle cell anemia		
	<input type="checkbox"/> Hemoglobinopathy		
	<input type="checkbox"/> Polycythemia		
	<input type="checkbox"/> Thrombocythemia		
	<input type="checkbox"/> Hemophilia		
	<input type="checkbox"/> Paroxysmal nocturnal		
	<input type="checkbox"/> Thrombotic thrombocytopenic purpura		
	<input type="checkbox"/> Dysfibrinogenemia		
	<input type="checkbox"/> HIV		
	<input type="checkbox"/> Other: _____		
	<input type="checkbox"/> Other: _____		
4. Respiratory	<input type="checkbox"/> Asthma		
	<input type="checkbox"/> Chronic obstructive pulmonary disease (COPD)		
	<input type="checkbox"/> Cystic Fibrosis		
	<input type="checkbox"/> Emphysema		
	<input type="checkbox"/> Chronic bronchitis		
	<input type="checkbox"/> Chronic pleural effusions		
	<input type="checkbox"/> Pulmonary fibrosis		
	<input type="checkbox"/> Sarcoidosis		
	<input type="checkbox"/> Pulmonary embolism		
	<input type="checkbox"/> Pulmonary arterial hypertension		
	<input type="checkbox"/> Lung cancer		
	<input type="checkbox"/> Other: _____		
	<input type="checkbox"/> Other: _____		
5. Ophthalmological/ otolaryngological	<input type="checkbox"/> Loss of vision		
	<input type="checkbox"/> Glaucoma		
	<input type="checkbox"/> Cataract		
	<input type="checkbox"/> Macular degeneration		
	<input type="checkbox"/> Diabetic retinopathy		
	<input type="checkbox"/> Loss of hearing		
	<input type="checkbox"/> Otitis/chronic otitis		
	<input type="checkbox"/> Vestibular impairment		
	<input type="checkbox"/> Vertigo		
	<input type="checkbox"/> Temporomandibular disorder		
	<input type="checkbox"/> Sialolithiasis		
	<input type="checkbox"/> Chronic sinusitis		
	<input type="checkbox"/> Laryngeal/pharyngeal disorders		
	<input type="checkbox"/> Other: _____		
	<input type="checkbox"/> Other: _____		

Organ system	Condition/diagnosis (Check and score <u>all ongoing</u>)	Score 1 = Mild 2 = Moderate 3 = Severe 4 = Extremely severe	Comments (If applicable)
6. Upper GI	<input type="checkbox"/> Chronic esophagitis		
	<input type="checkbox"/> Dysphagia		
	<input type="checkbox"/> Achalasia		
	<input type="checkbox"/> Gastroduodenal ulceration		
	<input type="checkbox"/> Celiac disease		
	<input type="checkbox"/> Irritable bowel syndrome		
	<input type="checkbox"/> Short bowel syndrome		
	<input type="checkbox"/> Malnutrition		
	<input type="checkbox"/> Malabsorption		
	<input type="checkbox"/> Small bowel obstruction		
	<input type="checkbox"/> Hernia		
	<input type="checkbox"/> Pseudomyxoma peritonei		
	<input type="checkbox"/> Upper gastrointestinal cancer		
	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Other: _____			
7. Lower GI	<input type="checkbox"/> Diverticulitis		
	<input type="checkbox"/> Inflammatory bowel disease		
	<input type="checkbox"/> Volvulus		
	<input type="checkbox"/> Colon cancer		
	<input type="checkbox"/> Other: _____		
	<input type="checkbox"/> Other: _____		
8. Hepatic/ pancreatic	<input type="checkbox"/> Chronic hepatitis or hepatic cirrhosis		
	<input type="checkbox"/> Biliary obstructive disorders		
	<input type="checkbox"/> Pancreatitis		
	<input type="checkbox"/> Hepatic, biliary, or pancreatic cancer		
	<input type="checkbox"/> Other: _____		
	<input type="checkbox"/> Other: _____		
9. Renal	<input type="checkbox"/> Chronic kidney disease		
	<input type="checkbox"/> Diabetic nephropathy		
	<input type="checkbox"/> Pyelonephritis		
	<input type="checkbox"/> Renal cancer		
	<input type="checkbox"/> Other: _____		
	<input type="checkbox"/> Other: _____		
10. Gynecological/ urological	<input type="checkbox"/> Recurrent/chronic urinary tract infection (UTI)		
	<input type="checkbox"/> Nephrolithiasis		
	<input type="checkbox"/> Bladder dysfunction		
	<input type="checkbox"/> Vaginal/vulvar disease		
	<input type="checkbox"/> Uterine/ovarian disease		
	<input type="checkbox"/> Prostatitis		
	<input type="checkbox"/> Bladder, uterine, ovarian, prostate, or other cancer		
	<input type="checkbox"/> Prostate hypertrophy		
	<input type="checkbox"/> Other: _____		
	<input type="checkbox"/> Other: _____		

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11. Dermatologic/ musculoskeletal	<input type="checkbox"/> Dermatitis		
	<input type="checkbox"/> Dermatomyositis		
	<input type="checkbox"/> Myopathy		
	<input type="checkbox"/> Gout		
	<input type="checkbox"/> Psoriasis		
	<input type="checkbox"/> Keratosis		
	<input type="checkbox"/> Urticaria		
	<input type="checkbox"/> Scleroderma		
	<input type="checkbox"/> Basal cell carcinoma		
	<input type="checkbox"/> Squamous cell carcinoma		
	<input type="checkbox"/> Melanoma		
	<input type="checkbox"/> Osteomyelitis		
	<input type="checkbox"/> Osteoarthritis		
	<input type="checkbox"/> Rheumatoid arthritis		
	<input type="checkbox"/> Spondyloarthritis		
	<input type="checkbox"/> Temporal arteritis/polymyalgia rheumatica		
	<input type="checkbox"/> Polychondritis		
	<input type="checkbox"/> Fibromyalgia		
	<input type="checkbox"/> Osteoporosis		
	<input type="checkbox"/> Systemic lupus erythematosus		
	<input type="checkbox"/> Dermatomyositis		
<input type="checkbox"/> Sjögren syndrome			
<input type="checkbox"/> Other: _____			
<input type="checkbox"/> Other: _____			
12. Neurological	<input type="checkbox"/> Cerebrovascular disease (transient ischemic attack (TIA)/stroke/hemorrhage)		
	<input type="checkbox"/> Dementia		
	<input type="checkbox"/> Parkinson disease		
	<input type="checkbox"/> Non-Parkinsonian movement disorder (eg, ataxia/chorea)		
	<input type="checkbox"/> Leukodystrophic disorders		
	<input type="checkbox"/> Amyotrophic lateral sclerosis		
	<input type="checkbox"/> Multiple sclerosis		
	<input type="checkbox"/> Demyelinating disease		
	<input type="checkbox"/> Guillain-Barré syndrome		
	<input type="checkbox"/> Paralysis (eg, para-/quadra-/hemiplegia)		
	<input type="checkbox"/> Myelopathy		
	<input type="checkbox"/> Cranial nerve disorder		
	<input type="checkbox"/> Degenerative disk disease with nerve root compression		
	<input type="checkbox"/> Migraine headaches		
	<input type="checkbox"/> Seizure disorder		
	<input type="checkbox"/> Secondary neuropathy (eg, diabetic/alcoholic/autoimmune)		
	<input type="checkbox"/> Neurofibromas/tuberous sclerosis		
	<input type="checkbox"/> Benign or malignant central nervous system tumor		
	<input type="checkbox"/> Other: _____		
	<input type="checkbox"/> Other: _____		

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13. Endocrine/ metabolic	<input type="checkbox"/> Diabetes		
	<input type="checkbox"/> Adrenal disorder		
	<input type="checkbox"/> Thyroid disorder		
	<input type="checkbox"/> Parathyroid disorder		
	<input type="checkbox"/> Pheochromocytoma		
	<input type="checkbox"/> Pituitary disorder		
	<input type="checkbox"/> Hemochromatosis		
	<input type="checkbox"/> Porphyria		
	<input type="checkbox"/> Paget disease		
	<input type="checkbox"/> Endocrine or neuroendocrine tumor		
	<input type="checkbox"/> Other: _____		
14. Psychiatric	<input type="checkbox"/> Depression		
	<input type="checkbox"/> Anxiety		
	<input type="checkbox"/> Bipolar disorder		
	<input type="checkbox"/> Paranoia		
	<input type="checkbox"/> Schizophrenia		
	<input type="checkbox"/> Neurosis		
	<input type="checkbox"/> Personality disorder		
	<input type="checkbox"/> Substance addiction/abuse		
	<input type="checkbox"/> Posttraumatic stress disorder		
	<input type="checkbox"/> Chronic fatigue syndrome		
	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Other: _____			