



# LET YOUR HEALTHCARE PROFESSIONAL KNOW WHAT YOU THINK...

Please print and fill out this questionnaire before your next visit to your healthcare professional.

Your response will let them know how you are doing with ZEJULA, and provide you with the opportunity to ask any questions you might have.

## How are you feeling with ZEJULA? Let your healthcare professional know what you're experiencing

Since I started taking ZEJULA, my ovarian cancer symptoms have: (circle the most appropriate response)



Improved



Not changed



Declined

On a scale of 1 to 5, how often do side effects from ZEJULA interfere with your daily activities (a larger number on the scale indicates more often)?

1

2

3

4

5

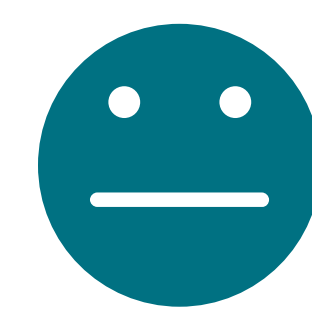
Have you experienced any issues with taking ZEJULA at the same time every day?

Yes (please specify below, along with any related notes)  No

How are your daily energy levels? (circle the most appropriate response)



High



Average



Low

This presentation provides information on the condition and may not reflect benefits of the product.

I would like to talk to my healthcare professional about: (select all that apply)

Managing side effects

Lifestyle changes

Understanding treatment goals

Other (please specify below)

Emotional support

Additional notes:

For more information and complete usage instructions, see the patient leaflet found inside the ZEJULA carton and visit ZEJULA.ca.

Feedback intended for your physician. Do not mail or forward to GlaxoSmithKline. This form is not intended as a means for reporting adverse events (side effects). To report an adverse event, please call 1-800-387-7374.



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