

NCCN/FACT Brain Cancer Symptom Index (Version 2)

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.**

		Not at all	A little bit	Somewhat	Quite a bit	Very much	
D R S- P	An10	I get headaches	0	1	2	3	4
	Br21	I have trouble with coordination	0	1	2	3	4
	Br2	I have had seizures (convulsions).....	0	1	2	3	4
	Br14	I need help in caring for myself (bathing, dressing, eating, etc.).....	0	1	2	3	4
	Br20	I have weakness in my arms or legs	0	1	2	3	4
	C2	I am losing weight	0	1	2	3	4
	GP3	Because of my physical condition, I have trouble meeting the needs of my family	0	1	2	3	4
	Br9	I have difficulty expressing my thoughts	0	1	2	3	4
	GF5	I am sleeping well.....	0	1	2	3	4
	Br1	I am able to concentrate.....	0	1	2	3	4
	Br3	I can remember new things	0	1	2	3	4
	Br8	I am able to find the right word(s) to say what I mean	0	1	2	3	4

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		Not at all	A little bit	Somewhat	Quite a bit	Very much					
D R S- E	Br10	I am bothered by a change in my personality					0	1	2	3	4
	GE6	I worry that my condition will get worse					0	1	2	3	4
	Br5	I am afraid of having a seizure (convulsion).					0	1	2	3	4
	Br4	I get frustrated that I cannot do things I used to					0	1	2	3	4
	GE3	I am losing hope in the fight against my illness					0	1	2	3	4
T S E	GP1	I have a lack of energy					0	1	2	3	4
	GP2	I have nausea					0	1	2	3	4
	GP5	I am bothered by side effects of treatment					0	1	2	3	4
	HI7	I feel fatigued.....					0	1	2	3	4
	C6	I have a good appetite.....					0	1	2	3	4
F W B	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