

## FACT-CNS (Version 4)

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.**

### PHYSICAL WELL-BEING

|     |   | Not at<br>all | A little<br>bit | Somewhat | Quite<br>a bit | Very<br>much |
|-----|---|---------------|-----------------|----------|----------------|--------------|
| GP1 | I have a lack of energy .....   | 0             | 1               | 2        | 3              | 4            |
| GP2 | I have nausea.....  | 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            |
| GP4 | I have pain.....  | 0             | 1               | 2        | 3              | 4            |
| GP5 | I am bothered by side effects of treatment.....                                       | 0             | 1               | 2        | 3              | 4            |
| GP6 | I feel ill.....   | 0             | 1               | 2        | 3              | 4            |
| GP7 | I am forced to spend time in bed.....   | 0             | 1               | 2        | 3              | 4            |

### SOCIAL/FAMILY WELL-BEING

|     |  | Not at<br>all            | A little<br>bit | Somewhat | Quite<br>a bit | Very<br>much |
|-----|--|--------------------------|-----------------|----------|----------------|--------------|
| GS1 | I feel close to my friends.....  | 0                        | 1               | 2        | 3              | 4            |
| GS2 | I get emotional support from my family .....   | 0                        | 1               | 2        | 3              | 4            |
| GS3 | I get support from my friends .....  | 0                        | 1               | 2        | 3              | 4            |
| GS4 | My family has accepted my illness .....  | 0                        | 1               | 2        | 3              | 4            |
| GS5 | I am satisfied with family communication about my illness .....  | 0                        | 1               | 2        | 3              | 4            |
| GS6 | I feel close to my partner (or the person who is my main support) .....  | 0                        | 1               | 2        | 3              | 4            |
| Q1  | <i>Regardless of your current level of sexual activity, please answer the following question. If you prefer not to answer it, please mark this box and go to the next section.</i> | <input type="checkbox"/> |                 |          |                |              |
| GS7 | I am satisfied with my sex life .....  | 0                        | 1               | 2        | 3              | 4            |

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### EMOTIONAL WELL-BEING

|     |  | Not at<br>all | A little<br>bit | Somewhat | Quite<br>a bit | Very<br>much |
|-----|--|---------------|-----------------|----------|----------------|--------------|
| GE1 | I feel sad .....   | 0             | 1               | 2        | 3              | 4            |
| GE2 | I am satisfied with how I am coping with my illness..... | 0             | 1               | 2        | 3              | 4            |
| GE3 | I am losing hope in the fight against my illness.....    | 0             | 1               | 2        | 3              | 4            |
| GE4 | I feel nervous .....                                     | 0             | 1               | 2        | 3              | 4            |
| GE5 | I worry about dying .....                                | 0             | 1               | 2        | 3              | 4            |
| GE6 | I worry that my condition will get worse .....           | 0             | 1               | 2        | 3              | 4            |

### FUNCTIONAL WELL-BEING

|     |   | Not at<br>all | A little<br>bit | Somewhat | Quite<br>a bit | Very<br>much |
|-----|---|---------------|-----------------|----------|----------------|--------------|
| GF1 | I am able to work (include work at home) .....          | 0             | 1               | 2        | 3              | 4            |
| GF2 | My work (include work at home) is fulfilling.....       | 0             | 1               | 2        | 3              | 4            |
| GF3 | I am able to enjoy life.....                            | 0             | 1               | 2        | 3              | 4            |
| GF4 | I have accepted my illness.....                         | 0             | 1               | 2        | 3              | 4            |
| GF5 | I am sleeping well .....                                | 0             | 1               | 2        | 3              | 4            |
| GF6 | I am enjoying the things I usually do for fun .....     | 0             | 1               | 2        | 3              | 4            |
| GF7 | I am content with the quality of my life right now..... | 0             | 1               | 2        | 3              | 4            |

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### ADDITIONAL CONCERNS

|          |  | Not at<br>all | A little<br>bit | Somewhat | Quite<br>a bit | Very<br>much |
|----------|--|---------------|-----------------|----------|----------------|--------------|
| An<br>10 | I get headaches .....                          | 0             | 1               | 2        | 3              | 4            |
| BR3      | I can remember new things .....                | 0             | 1               | 2        | 3              | 4            |
| CNS<br>1 | I am able to maintain my balance .....         | 0             | 1               | 2        | 3              | 4            |
| CNS<br>2 | I am able to walk .....                        | 0             | 1               | 2        | 3              | 4            |
| BR6      | I have trouble with my eyesight .....          | 0             | 1               | 2        | 3              | 4            |
| BR9      | I have difficulty expressing my thoughts ..... | 0             | 1               | 2        | 3              | 4            |
| CNS<br>4 | I have strength in my arm(s) .....             | 0             | 1               | 2        | 3              | 4            |
| CNS<br>5 | I have strength in my legs .....               | 0             | 1               | 2        | 3              | 4            |
| CNS<br>6 | I have numbness in my legs .....               | 0             | 1               | 2        | 3              | 4            |
| CNS<br>7 | I have pain in my back .....                   | 0             | 1               | 2        | 3              | 4            |
| BL1      | I have trouble controlling my urine .....      | 0             | 1               | 2        | 3              | 4            |
| C3       | I have control of my bowels .....              | 0             | 1               | 2        | 3              | 4            |