

## NCCN/FACT Ovarian 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	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
D R S- E	O1	I have swelling in my stomach area .....	0	1	2	3	4
	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
	GP2	I have nausea .....	0	1	2	3	4
	B5	I am bothered by hair loss .....	0	1	2	3	4
T S E	GP5	I am bothered by side effects of treatment .	0	1	2	3	4
	O2	I have been vomiting .....	0	1	2	3	4
	BMT15	I am bothered by skin problems .....	0	1	2	3	4
F W B	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