

## FACT-Ga (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.**

<b><u>PHYSICAL WELL-BEING</u></b>		<b>Not at all</b>	<b>A little bit</b>	<b>Somewhat</b>	<b>Quite a bit</b>	<b>Very much</b>
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

<b><u>SOCIAL/FAMILY WELL-BEING</u></b>		<b>Not at all</b>	<b>A little bit</b>	<b>Somewhat</b>	<b>Quite a bit</b>	<b>Very much</b>
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 all	A little bit	Somewhat	Quite a bit	Very 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 all	A little bit	Somewhat	Quite a bit	Very 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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<u>ADDITIONAL CONCERNS</u>		Not at all	A little bit	Somewhat	Quite a bit	Very much
C2	I am losing weight.....	0	1	2	3	4
Ga1	I have a loss of appetite.....	0	1	2	3	4
Ga2	I am bothered by reflux or heartburn .....	0	1	2	3	4
HN1	I am able to eat the foods that I like .....	0	1	2	3	4
Ga6	I have discomfort or pain when I eat.....	0	1	2	3	4
Ga5	I have a feeling of fullness or heaviness in my stomach area .....	0	1	2	3	4
C1	I have swelling or cramps in my stomach area .....	0	1	2	3	4
Ga12	I have trouble swallowing food.....	0	1	2	3	4
Ga4	I am bothered by a change in my eating habits.....	0	1	2	3	4
E6	I am able to enjoy meals with family or friends .....	0	1	2	3	4
Ga10	My digestive problems interfere with my usual activities .....	0	1	2	3	4
Ga9	I avoid going out to eat because of my illness .....	0	1	2	3	4
Ga7	I have stomach problems that worry me .....	0	1	2	3	4
Hep8	I have discomfort or pain in my stomach area .....	0	1	2	3	4
Ga14	I am bothered by gas (flatulence).....	0	1	2	3	4
C5	I have diarrhea (diarrhoea).....	0	1	2	3	4
An2	I feel tired .....	0	1	2	3	4
HI12	I feel weak all over.....	0	1	2	3	4
Leu4	Because of my illness, I have difficulty planning for the future .....	0	1	2	3	4