

FAIT-F (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.**

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

<u>SOCIAL/FAMILY WELL-BEING</u>		Not at all	A little bit	Somewhat	Quite a bit	Very 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

FAIT-F (Version 4)

Please circle or mark one number per line to indicate your response as it applies to the past 7 days.

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

FAIT-F (Version 4)

Please circle or mark one number per line to indicate your response as it applies to the past 7 days.

ADDITIONAL CONCERNS

		Not at all	A little bit	Somewhat	Quite a bit	Very much
ITU1	I am comfortable discussing my condition with friends ..	0	1	2	3	4
C3	I have control of my bowels.....	0	1	2	3	4
ITF1	I move my bowels more frequently than usual	0	1	2	3	4
ITU2	I am afraid to be far from a toilet	0	1	2	3	4
ITU3	I have to limit my social activity because of my condition.....	0	1	2	3	4
ITU4	I have to limit my physical activity because of my condition.....	0	1	2	3	4
ITU5	I have to limit my sexual activity because of my condition.....	0	1	2	3	4
ITU6	I am embarrassed by my condition	0	1	2	3	4
ITF2	My condition wakes or keeps me up at night.....	0	1	2	3	4
ITF3	I must move my bowels frequently to avoid accidents	0	1	2	3	4
ITF4	I can be far from home/work without fearing soilage	0	1	2	3	4
ITF5	I wear pads or protection to prevent soiling my underwear	0	1	2	3	4