FACT-O (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 <u>past 7 days</u>.**

Γ		PHYSICAL WELL-BEING	Not at all	A little bit	Somewhat	_	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
		SOCIAL/FAMILY WELL-BEING	Not at all	A little bit	Somewhat		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	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.					
	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		Very much
	I feel sad	0	1	2	3	4
GE1	i ieei sau	U	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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ſ		ADDITIONAL CONCERNS	Not at all	A little bit	Somewhat	_	Very much
	O1	I have swelling in my stomach area	0	1	2	3	4
	C2	I am losing weight	0	1	2	3	4
	C3	I have control of my bowels	0	1	2	3	4
	O2	I have been vomiting	0	1	2	3	4
	В5	I am bothered by hair loss	0	1	2	3	4
	C6	I have a good appetite	0	1	2	3	4
	C7	I like the appearance of my body	0	1	2	3	4
	BMT5	I am able to get around by myself	0	1	2	3	4
	В9	I am able to feel like a woman	0	1	2	3	4
	О3	I have cramps in my stomach area	0	1	2	3	4
	BL4	I am interested in sex	0	1	2	3	4
	ВМТ7	I have concerns about my ability to have children	0	1	2	3	4