

NCCN/FACT Prostate 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
	P7	I have difficulty urinating.....	0	1	2	3	4
	C2	I am losing weight	0	1	2	3	4
	BP1	I have bone pain	0	1	2	3	4
	HI7	I feel fatigued.....	0	1	2	3	4
	NCCN3	I have weakness in my legs	0	1	2	3	4
D R S- E	P3	My pain keeps me from doing things I want to do.....	0	1	2	3	4
	C6	I have a good appetite.....	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
	P6	I have trouble moving my bowels	0	1	2	3	4
	GS7	I am satisfied with my sex life.....	0	1	2	3	4
T S E	GP5	I am bothered by side effects of treatment ..	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
F W B							