

## FACT-M (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.**

### PHYSICAL WELL-BEING

		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

### SOCIAL/FAMILY WELL-BEING

		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

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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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### ADDITIONAL CONCERNS

		Not at all	A little bit	Somewhat	Quite a bit	Very much
M1	I have pain at my melanoma site or surgical site .....	0	1	2	3	4
M2	I have noticed new changes in my skin (lumps, bumps, color (colour)) .....	0	1	2	3	4
M3	I worry about the appearance of surgical scars .....	0	1	2	3	4
B1	I have been short of breath .....	0	1	2	3	4
ITU4	I have to limit my physical activity because of my condition.....	0	1	2	3	4
An10	I get headaches .....	0	1	2	3	4
Hep3	I have had fevers (episodes of high body temperature) ...	0	1	2	3	4
C1	I have swelling or cramps in my stomach area .....	0	1	2	3	4
C6	I have a good appetite .....	0	1	2	3	4
M5	I have aches and pains in my bones .....	0	1	2	3	4
M6	I have noticed blood in my stool .....	0	1	2	3	4
ITU3	I have to limit my social activity because of my condition.....	0	1	2	3	4
MS8	I feel overwhelmed by my condition .....	0	1	2	3	4
M8	I isolate myself from others because of my condition .....	0	1	2	3	4
M9	I have difficulty thinking clearly (remembering, concentrating).....	0	1	2	3	4
HI7	I feel fatigued .....	0	1	2	3	4

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<i>At the site of my melanoma surgery:</i>		Not at all	A little bit	Somewhat	Quite a bit	Very much
M10	I have swelling at my melanoma site .....	0	1	2	3	4
M11	I have swelling as a result of surgery .....	0	1	2	3	4
M12	I am bothered by the amount of swelling .....	0	1	2	3	4
M13	Movement of my swollen area is painful .....	0	1	2	3	4
M14	Swelling keeps me from doing the things I want to do ....	0	1	2	3	4
M15	Swelling keeps me from wearing clothes or shoes I want to wear .....	0	1	2	3	4
M16	I feel numbness at my surgical site .....	0	1	2	3	4
M17	I have good range of movement in my arm or leg .....	0	1	2	3	4