FACT/GOG-NTX-13 (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>.**

	PHYSICAL WELL-BEING	Not at all	A little bit	Somewhat	Quite a bit	Very much
GF	I have a lack of energy	0	1	2	3	4
GF	I have nausea	0	1	2	3	4
GF	Because of my physical condition, I have trouble meeting the needs of my family	0	1	2	3	4
GF	I have pain	0	1	2	3	4
GF	I am bothered by side effects of treatment	0	1	2	3	4
GF	I feel ill	0	1	2	3	4
GF	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
GS	I feel close to my friends	0	1	2	3	4
GS	I get emotional support from my family	0	1	2	3	4
GS	I get support from my friends	0	1	2	3	4
GS	My family has accepted my illness	0	1	2	3	4
GS	I am satisfied with family communication about my illness	0	1	2	3	4
GS	I feel close to my partner (or the person who is my main support)	0	1	2	3	4
Q	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.					
GS	I am satisfied with my sex life	0	1	2	3	4

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1		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
į		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
NTX 1	I have numbness or tingling in my hands	0	1	2	3	4
NTX 2	I have numbness or tingling in my feet	0	1	2	3	4
NTX 3	I feel discomfort in my hands	0	1	2	3	4
NTX 4	I feel discomfort in my feet	0	1	2	3	4
NTX 5	I have joint pain or muscle cramps	0	1	2	3	4
HI12	I feel weak all over	0	1	2	3	4
NTX 6	I have trouble hearing	0	1	2	3	4
NTX 7	I get a ringing or buzzing in my ears	0	1	2	3	4
NTX 8	I have trouble buttoning buttons	0	1	2	3	4
NTX 9	I have trouble feeling the shape of small objects when they are in my hand	0	1	2	3	4
An6	I have trouble walking	0	1	2	3	4
NTX 10	I have pain in my hands or feet when I am exposed to cold temperatures	0	1	2	3	4
NTX 11	I have difficulty breathing when I am exposed to cold temperatures	0	1	2	3	4