

## FACT-Leu (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.**

<b><u>PHYSICAL WELL-BEING</u></b>		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

<b><u>SOCIAL/FAMILY WELL-BEING</u></b>		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

## FACT-Leu (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

## FACT-Leu (Version 4)

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

<b><u>ADDITIONAL CONCERNS</u></b>		Not at all	A little bit	Somewhat	Quite a bit	Very much
BRM3	I am bothered by fevers (episodes of high body temperature) .....	0	1	2	3	4
P2	I have certain parts of my body where I experience pain.	0	1	2	3	4
BRM2	I am bothered by the chills .....	0	1	2	3	4
ES3	I have night sweats .....	0	1	2	3	4
LEU1	I am bothered by lumps or swelling in certain parts of my body (e.g., neck, armpits, or groin) .....	0	1	2	3	4
TH1	I bleed easily .....	0	1	2	3	4
TH2	I bruise easily .....	0	1	2	3	4
HI12	I feel weak all over .....	0	1	2	3	4
BMT6	I get tired easily .....	0	1	2	3	4
C2	I am losing weight .....	0	1	2	3	4
C6	I have a good appetite .....	0	1	2	3	4
An7	I am able to do my usual activities .....	0	1	2	3	4
N3	I worry about getting infections .....	0	1	2	3	4
LEU5	I feel uncertain about my future health .....	0	1	2	3	4
LEU6	I worry that I might get new symptoms of my illness.....	0	1	2	3	4
BRM9	I have emotional ups and downs .....	0	1	2	3	4
LEU7	I feel isolated from others because of my illness or treatment.....	0	1	2	3	4