

FACT-PNET (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.**

		Not at all	A little bit	Somew hat	Quite a bit	Very much
GP1	I have a lack of energy	0	1	2	3	4
HI7	I feel fatigued.....	0	1	2	3	4
C2	I am losing weight	0	1	2	3	4
C5	I have diarrhea (diarrhoea)	0	1	2	3	4
ACT11	I have pain in my stomach area	0	1	2	3	4
C1	I have swelling or cramps in my stomach area	0	1	2	3	4
Ga14	I am bothered by gas (flatulence)	0	1	2	3	4
GP2	I have nausea	0	1	2	3	4
O2	I have been vomiting	0	1	2	3	4
Tax1	I feel bloated	0	1	2	3	4
CS4	I have greasy/oily stools	0	1	2	3	4
GP4	I have pain	0	1	2	3	4
GE1	I feel sad	0	1	2	3	4
GE6	I worry that my condition will get worse	0	1	2	3	4
Leu5	I feel uncertain about my future health	0	1	2	3	4
GP5	I am bothered by side effects of treatment	0	1	2	3	4
An7	I am able to do my usual activities	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