FACIT-Pal (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
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	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.					
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

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	ADDITIONAL CONCERNS	Not at all	A little bit	Somewhat	Quite a bit	Very much
PAL1	I maintain contact with my friends	0	1	2	3	4
PAL2	I have family members who will take on my responsibilities	0	1	2	3	4
PAL3	I feel that my family appreciates me	0	1	2	3	4
PAL4	I feel like a burden to my family	0	1	2	3	4
B1	I have been short of breath	0	1	2	3	4
PAL5	I am constipated	0	1	2	3	4
C2	I am losing weight	0	1	2	3	4
O2	I have been vomiting	0	1	2	3	4
PAL6	I have swelling in parts of my body	0	1	2	3	4
PAL7	My mouth and throat are dry	0	1	2	3	4
Br7	I feel independent	0	1	2	3	4
PAL8	I feel useful	0	1	2	3	4
PAL9	I make each day count	0	1	2	3	4
PAL10	I have peace of mind	0	1	2	3	4
Sp21	I feel hopeful	0	1	2	3	4
PAL12	I am able to make decisions	0	1	2	3	4
Li	My thinking is clear	0	1	2	3	4
PAL13	I have been able to reconcile (make peace) with other people	0	1	2	3	4
PAL14	I am able to openly discuss my concerns with the people closest to me	0	1	2	3	4