## FACT-H&N (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>.** 

	<u>PHY</u>	SICAL WELL-BEING	Not at all	A little bit	Somewhat	Quite a bit	Very much
G	I have	a lack of energy	0	1	2	3	4
G	I have	nausea	0	1	2	3	4
G		se of my physical condition, I have trouble meeting eds of my family	0	1	2	3	4
G	I have	pain	0	1	2	3	4
G	I am b	oothered by side effects of treatment	0	1	2	3	4
G	I feel	ill	0	1	2	3	4
G	I am f	orced to spend time in bed	0	1	2	3	4
	SOC	IAL/FAMILY WELL-BEING	Not at all	A little bit	Somewhat	Quite a bit	Very much
G	I feel	close to my friends	0	1	2	3	4
Gi	I get e	emotional support from my family	0	1	2	3	4
G	I get s	upport from my friends	0	1	2	3	4
G	My fa	mily has accepted my illness	0	1	2	3	4
G		atisfied with family communication about my	0	1	2	3	4
G		close to my partner (or the person who is my main rt)	0	1	2	3	4
Q	answei	dless of your current level of sexual activity, please r the following question. If you prefer not to answer it, mark this box and go to the next section.					
G	I am s	atisfied 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
ï		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
H&N1	I am able to eat the foods that I like	0	1	2	3	4
H&N2	My mouth is dry	0	1	2	3	4
H&N3	I have trouble breathing	0	1	2	3	4
H&N4	My voice has its usual quality and strength	0	1	2	3	4
H&N5	I am able to eat as much food as I want	0	1	2	3	4
H&N6	I am unhappy with how my face and neck look	0	1	2	3	4
H&N7	I can swallow naturally and easily	0	1	2	3	4
H&N8	I smoke cigarettes or other tobacco products	0	1	2	3	4
H&N9	I drink alcohol (e.g. beer, wine, etc.)	0	1	2	3	4
H&N 10	I am able to communicate with others	0	1	2	3	4
H&N 11	I can eat solid foods	0	1	2	3	4
H&N 12	I have pain in my mouth, throat or neck	0	1	2	3	4