

NCCN/FACT Bladder Symptom Index (Version 2)

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	Somewhat	Quite a bit	Very much	
D R S- P	GP4	I have pain	0	1	2	3	4
	C2	I am losing weight	0	1	2	3	4
	BL1	I have trouble controlling my urine	0	1	2	3	4
	HI12	I feel weak all over	0	1	2	3	4
	An9	I feel lightheaded (dizzy).....	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
	C6	I have a good appetite.....	0	1	2	3	4
	BI5a	(For men only) I am able to have and maintain an erection	0	1	2	3	4
	GF5	I am sleeping well.....	0	1	2	3	4
D R S- E	GE6	I worry that my condition will get worse ...	0	1	2	3	4
	GE1	I feel sad	0	1	2	3	4
	GP2	I have nausea	0	1	2	3	4
T S E	GP1	I have a lack of energy	0	1	2	3	4
	GP6	I feel ill	0	1	2	3	4
	C3	I have control of my bowels	0	1	2	3	4
F W B	GP5	I am bothered by side effects of treatment .	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