

## FACT-RNT (Version 1)

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
H&N2	My mouth is dry .....	0	1	2	3	4
ST16	My eyes are dry .....	0	1	2	3	4
P7	I have difficulty urinating.....	0	1	2	3	4
GP2	I have nausea .....	0	1	2	3	4
O2	I have been vomiting .....	0	1	2	3	4
C5	I have diarrhea (diarrhoea) .....	0	1	2	3	4
Pa15	I am constipated .....	0	1	2	3	4
Ga1	I have a loss of appetite .....	0	1	2	3	4
HI7	I feel fatigued .....	0	1	2	3	4
AA1	My fatigue keeps me from doing the things I want to do	0	1	2	3	4
GP4	I have pain .....	0	1	2	3	4
BP1	I have bone pain .....	0	1	2	3	4
P3	My pain keeps me from doing things I want to do.....	0	1	2	3	4
GP5	I am bothered by side effects of treatment .....	0	1	2	3	4
Leu7	I feel isolated from others because of my illness or treatment.....	0	1	2	3	4