FACT-Br (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.**

	PHYSICAL WELL-BEING	Not at all	A little bit	Some-what	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	Some-what	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	Some-what	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	Some-what	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	Some-what	Quite a bit	Very much
Br1	I am able to concentrate	0	1	2	3	4
Br2	I have had seizures (convulsions)	0	1	2	3	4
Br3	I can remember new things	0	1	2	3	4
Br4	I get frustrated that I cannot do things I used to	0	1	2	3	4
Br5	I am afraid of having a seizure (convulsion)	0	1	2	3	4
Br6	I have trouble with my eyesight	0	1	2	3	4
Br7	I feel independent	0	1	2	3	4
NTX6	I have trouble hearing	0	1	2	3	4
Br8	I am able to find the right word(s) to say what I mean	0	1	2	3	4
Br9	I have difficulty expressing my thoughts	0	1	2	3	4
Br10	I am bothered by the change in my personality	0	1	2	3	4
Br11	I am able to make decisions and take responsibility	0	1	2	3	4
Br12	I am bothered by the drop in my contribution to the family	0	1	2	3	4
Br13	I am able to put my thoughts together	0	1	2	3	4
Br14	I need help in caring for myself (bathing, dressing, eating, etc.)	0	1	2	3	4
Br15	I am able to put my thoughts into action	0	1	2	3	4
Br16	I am able to read like I used to	0	1	2	3	4
Br17	I am able to write like I used to	0	1	2	3	4
Br18	I am able to drive a vehicle (my car, truck, etc.)	0	1	2	3	4
Br19	I have trouble feeling sensations in my arms, hands, or legs	0	1	2	3	4
Br20	I have weakness in my arms or legs	0	1	2	3	4
Br21	I have trouble with coordination	0	1	2	3	4
An10	I get headaches	0	1	2	3	4

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