

FACT-NP (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	<i>Regardless of your current level of sexual activity, please answer the following question. If you prefer not to answer it, please mark this box <input type="checkbox"/> and go to the next section.</i>					
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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<u>ADDITIONAL CONCERNS</u>		Not at all	A little bit	Some- what	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&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&N7	I can swallow naturally and easily	0	1	2	3	4
H&N6	I am unhappy with how my face and neck look.....	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
NP1	I have difficulty moving my neck and shoulders because of stiffness.....	0	1	2	3	4
NP2	I am bothered by ringing in my ear(s).....	0	1	2	3	4
NTX6	I have trouble hearing.....	0	1	2	3	4
NP3	I am bothered by worsening eyesight.....	0	1	2	3	4
NP4	I have trouble smelling	0	1	2	3	4
NP5	I can enjoy the taste of food.....	0	1	2	3	4
NP6	I am bothered by having a blocked nose	0	1	2	3	4