

## FACT-V (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
V1	I am bothered by discharge or bleeding from my vulva .....	0	1	2	3	4
V2	I am bothered by odor coming from my vulva .....	0	1	2	3	4
Cx3	I am afraid to have sex .....	0	1	2	3	4
V3	I am bothered by swelling/fluid in my legs.....	0	1	2	3	4
Cx4	My vagina feels too narrow or short .....	0	1	2	3	4
V4	I am bothered by discomfort in my groin or legs.....	0	1	2	3	4
Cx5	I am afraid the treatment may harm my body .....	0	1	2	3	4
Bl4	I am interested in sex.....	0	1	2	3	4
C7	I like the appearance of my body .....	0	1	2	3	4
Cx6	I am bothered by constipation .....	0	1	2	3	4
C6	I have a good appetite .....	0	1	2	3	4
Bl1	I have trouble controlling my urine.....	0	1	2	3	4
V5	I am bothered by itching/burning in my vulva area .....	0	1	2	3	4
Cx7	I have discomfort when I urinate .....	0	1	2	3	4
V6	I am bothered by pain or numbness in my vulva area.....	0	1	2	3	4
V7	I have trouble bending.....	0	1	2	3	4
V8	I have discomfort when I am sitting.....	0	1	2	3	4
V9	I am bothered by wearing compression stockings .....	0	1	2	3	4
H&N1	I am able to eat the foods that I like .....	0	1	2	3	4