

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 |