FACIT-TS-G (Version 4)

Please evaluate your experience on this treatment: ________________________________

(name of treatment)

If you have not completed your treatment, please answer the questions the best you can. All of your answers will be kept confidential.

Please mark one answer for each of the following questions.

<table>
<thead>
<tr>
<th>Question</th>
<th>A lot worse</th>
<th>A little worse</th>
<th>About the same</th>
<th>A little better</th>
<th>A lot better</th>
</tr>
</thead>
<tbody>
<tr>
<td>TS1 Compared to what you expected, how do you rate the effectiveness of the treatment so far?</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>TS2 Compared to what you expected, how do you rate the side effects of treatment so far?</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>TS3 Did your doctor(s) help you evaluate the effects of your treatment so far?</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>TS4 Do you feel you received the treatment that was right for you?</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>TS5 Are you satisfied with the effects of this treatment so far?</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>TS6 Would you recommend this treatment to others with your illness?</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>TS7 Would you choose this treatment again?</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>TS8 How do you rate this treatment overall?</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Thank you! Do you have any comments? ___________________________________________