

## FACT-B + 4 (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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### ADDITIONAL CONCERNS

		Not at all	A little bit	Some- what	Quite a bit	Very much
B1	I have been short of breath.....	0	1	2	3	4
B2	I am self-conscious about the way I dress.....	0	1	2	3	4
B3	One or both of my arms are swollen or tender.....	0	1	2	3	4
B4	I feel sexually attractive .....	0	1	2	3	4
B5	I am bothered by hair loss .....	0	1	2	3	4
B6	I worry that other members of my family might someday get the same illness I have .....	0	1	2	3	4
B7	I worry about the effect of stress on my illness .....	0	1	2	3	4
B8	I am bothered by a change in weight .....	0	1	2	3	4
B9	I am able to feel like a woman .....	0	1	2	3	4
P2	I have certain parts of my body where I experience pain....	0	1	2	3	4
Q6	On which side was your breast operation?  <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Left</span> <span>Right</span> <span>(please circle one)</span> </div>					
B10	Movement of my arm on this side is painful.....	0	1	2	3	4
B11	I have a poor range of arm movements on this side.....	0	1	2	3	4
B12	My arm on this side feels numb .....	0	1	2	3	4
B13	I have stiffness of my arm on this side.....	0	1	2	3	4