

## FACT-BMT (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.**

<b><u>PHYSICAL WELL-BEING</u></b>		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

<b><u>SOCIAL/FAMILY WELL-BEING</u></b>		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
BMT1	I am concerned about keeping my job (include work at home).....	0	1	2	3	4
BMT2	I feel distant from other people .....	0	1	2	3	4
BMT3	I worry that the transplant will not work.....	0	1	2	3	4
BMT4	The side effects of treatment are worse than I had imagined.....	0	1	2	3	4
C6	I have a good appetite.....	0	1	2	3	4
C7	I like the appearance of my body .....	0	1	2	3	4
BMT5	I am able to get around by myself .....	0	1	2	3	4
BMT6	I get tired easily .....	0	1	2	3	4
BL4	I am interested in sex.....	0	1	2	3	4
BMT7	I have concerns about my ability to have children.....	0	1	2	3	4
BMT8	I have confidence in my nurse(s) .....	0	1	2	3	4
BMT9	I regret having the bone marrow transplant .....	0	1	2	3	4
BMT10	I can remember things .....	0	1	2	3	4
Br1	I am able to concentrate .....	0	1	2	3	4
BMT11	I have frequent colds/infections .....	0	1	2	3	4
BMT12	My eyesight is blurry.....	0	1	2	3	4
BMT13	I am bothered by a change in the way food tastes.....	0	1	2	3	4
BMT14	I have tremors.....	0	1	2	3	4
B1	I have been short of breath .....	0	1	2	3	4
BMT15	I am bothered by skin problems .....	0	1	2	3	4
BMT16	I have trouble with my bowels .....	0	1	2	3	4
BMT17	My illness is a personal hardship for my close family members .....	0	1	2	3	4
BMT18	The cost of my treatment is a burden on me or my family .....	0	1	2	3	4