

NCCN-FACT FBSI-16 (Version 2)

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.**

		Not at all	A little bit	Some- what	Quite a bit	Very much	
D R S- P	GP1	I have a lack of energy.....	0	1	2	3	4
	GP4	I have pain	0	1	2	3	4
	GP6	I feel ill	0	1	2	3	4
	B1	I have been short of breath	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
	HI7	I feel fatigued.....	0	1	2	3	4
	BP1	I have bone pain	0	1	2	3	4
D R S- E	GF5	I am sleeping well.....	0	1	2	3	4
	GE6	I worry that my condition will get worse	0	1	2	3	4
	GP2	I have nausea	0	1	2	3	4
T S E	N6	I have mouth sores.....	0	1	2	3	4
	GP5	I am bothered by side effects of treatment	0	1	2	3	4
F W B	B5	I am bothered by hair loss	0	1	2	3	4
	GF1	I am able to work (include work at home)	0	1	2	3	4
	GF3	I am able to enjoy life.....	0	1	2	3	4
	GF7	I am content with the quality of my life right now.....	0	1	2	3	4

DRS-P=Disease-Related Symptoms Subscale – Physical
 DRS-E=Disease-Related Symptoms Subscale – Emotional
 TSE=Treatment Side Effects Subscale
 FWB=Function and Well-Being Subscale