

NCCN-FACT FHNSI-22 (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	GP4	I have pain	0	1	2	3	4
	C2	I am losing weight	0	1	2	3	4
	HN3	I have trouble breathing.....	0	1	2	3	4
	GP6	I feel ill	0	1	2	3	4
	HN12	I have pain in my mouth, throat or neck.....	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
	HN7	I can swallow naturally and easily.....	0	1	2	3	4
	HN1	I am able to eat the foods that I like	0	1	2	3	4
	HN10	I am able to communicate with others.....	0	1	2	3	4
	HN11	I can eat solid foods.....	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
	GP1	I have a lack of energy.....	0	1	2	3	4
T S E	GP2	I have nausea	0	1	2	3	4
	Hep 5	I have had a change in the way food tastes ...	0	1	2	3	4
	N6	I have mouth sores.....	0	1	2	3	4
	B5	I am bothered by hair loss	0	1	2	3	4
	GP5	I am bothered by side effects of treatment	0	1	2	3	4
F W B	C6	I have a good appetite.....	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