

NCCN-FACT FCSI-19 (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
	C2	I am losing weight .....	0	1	2	3	4
	C1	I have swelling or cramps in my stomach area .....	0	1	2	3	4
	HI7	I feel fatigued.....	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
	C6	I have a good appetite.....	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
T S E	GP2	I have nausea .....	0	1	2	3	4
	B5	I am bothered by hair loss .....	0	1	2	3	4
	C3	I have control of my bowels .....	0	1	2	3	4
	C5	I have diarrhea (diarrhoea) .....	0	1	2	3	4
	Cx6	I am bothered by constipation .....	0	1	2	3	4
	NTX 1	I have numbness or tingling in my hands .....	0	1	2	3	4
NTX 10	I have pain in my hands or feet when I am exposed to cold temperatures .....	0	1	2	3	4	
F W B	GP5	I am bothered by side effects of treatment ....	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