

NCCN-FACT FHSI-18 (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	
	HI7	I feel fatigued.....	0	1	2	3	4	
	CNS 7	I have pain in my back .....	0	1	2	3	4	
	Hep 2	I am bothered by jaundice or yellow color to my skin .....	0	1	2	3	4	
	GP6	I feel ill .....	0	1	2	3	4	
	Hep 8	I have discomfort or pain in my stomach area .....	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	
	C6	I have a good appetite.....	0	1	2	3	4	
	GF5	I am sleeping well.....	0	1	2	3	4	
	D R S- E	GE6	I worry that my condition will get worse .....	0	1	2	3	4
		GE1	I feel sad .....	0	1	2	3	4
T S E	GP5	I am bothered by side effects of treatment ....	0	1	2	3	4	
	F W B	An7	I am able to do my usual activities .....	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