

Functional Assessment of Cancer Therapy-EGFRI 18

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
ST4	My skin or scalp feels irritated.....	0	1	2	3	4
ST5	My skin or scalp is dry or “flaky”	0	1	2	3	4
ST6	My skin or scalp itches.....	0	1	2	3	4
ST7	My skin bleeds easily	0	1	2	3	4
ST9	I am bothered by a change in my skin’s sensitivity to the sun	0	1	2	3	4
ST32	My skin condition interferes with my ability to sleep.....	0	1	2	3	4
ST22	My skin condition affects my mood.....	0	1	2	3	4
ST17	My skin condition interferes with my social life.....	0	1	2	3	4
ST24	I am embarrassed by my skin condition.....	0	1	2	3	4
ST37	I avoid going out in public because of how my skin looks	0	1	2	3	4
ST26	I feel unattractive because of how my skin looks	0	1	2	3	4
ST34	Changes in my skin condition make daily life difficult	0	1	2	3	4
ST38	The skin side effects from treatment have interfered with household tasks	0	1	2	3	4
ST16	My eyes are dry	0	1	2	3	4
ST15	I am bothered by sensitivity around my fingernails or toenails	0	1	2	3	4
ST29	Sensitivity around my fingernails makes it difficult to perform household tasks.....	0	1	2	3	4
B5	I am bothered by hair loss	0	1	2	3	4
ST11	I am bothered by increased facial hair	0	1	2	3	4