

FACIT-TS-G (Version 4)

Please evaluate your experience on this treatment: _____
(name of treatment)

If you have not completed your treatment, please answer the questions the best you can. All of your answers will be kept confidential.

Please mark one answer for each of the following questions.

| | | A lot worse | A little worse | About the same | A little better | A lot better |
|-----|--|-----------------------|----------------------------|-------------------------------|------------------------|---------------------|
| TS1 | Compared to what you expected, how do you rate the <u>effectiveness of the treatment</u> so far? | 0 | 1 | 2 | 3 | 4 |
| TS2 | Compared to what you expected, how do you rate the <u>side effects of treatment</u> so far? | 0 | 1 | 2 | 3 | 4 |
| | | No, not at all | Yes, to some extent | Yes, for the most part | Yes, completely | |
| TS3 | Did your doctor(s) help you evaluate the effects of your treatment so far?..... | 0 | 1 | 2 | 3 | |
| TS4 | Do you feel you received the treatment that was right for you? | 0 | 1 | 2 | 3 | |
| TS5 | Are you satisfied with the effects of this treatment so far? | 0 | 1 | 2 | 3 | |
| | | No | Maybe | Yes | | |
| TS6 | Would you recommend this treatment to others with your illness?..... | 0 | 1 | 2 | | |
| TS7 | Would you choose this treatment again? | 0 | 1 | 2 | | |
| | | Poor | Fair | Good | Very Good | Excellent |
| TS8 | How do you rate this treatment overall? | 0 | 1 | 2 | 3 | 4 |

Thank you! Do you have any comments? _____