

FACT/GOG-NTX-4 (Version 4)

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 |
|----------|--|---------------|-----------------|---------------|----------------|--------------|
| NTX 1 | I have numbness or tingling in my hands..... | 0 | 1 | 2 | 3 | 4 |
| NTX 2 | I have numbness or tingling in my feet..... | 0 | 1 | 2 | 3 | 4 |
| NTX 3 | I feel discomfort in my hands..... | 0 | 1 | 2 | 3 | 4 |
| NTX 4 | I feel discomfort in my feet..... | 0 | 1 | 2 | 3 | 4 |