

NCCN-FACT FBISI-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	GP4	I have pain .....	0	1	2	3	4
	C2	I am losing weight .....	0	1	2	3	4
	BL1	I have trouble controlling my urine .....	0	1	2	3	4
	HI12	I feel weak all over .....	0	1	2	3	4
	An9	I feel light-headed (dizzy) .....	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
	BL5a	(For men only) I am able to have and maintain an erection .....	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	GP2	I have nausea .....	0	1	2	3	4
	GP1	I have a lack of energy.....	0	1	2	3	4
	GP6	I feel ill .....	0	1	2	3	4
	C3	I have control of my bowels .....	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