

NCCN-FACT FOSI-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
	GP6	I feel ill	0	1	2	3	4
	O3	I have cramps in my stomach area	0	1	2	3	4
	HI7	I feel fatigued.....	0	1	2	3	4
	Cx6	I am bothered by constipation	0	1	2	3	4
	O1	I have swelling in my stomach area	0	1	2	3	4
D R S- E	C3	I have control of my bowels	0	1	2	3	4
	GF5	I am sleeping well.....	0	1	2	3	4
	GE6	I worry that my condition will get worse	0	1	2	3	4
	GP2	I have nausea	0	1	2	3	4
	B5	I am bothered by hair loss	0	1	2	3	4
T S E	GP5	I am bothered by side effects of treatment	0	1	2	3	4
	O2	I have been vomiting	0	1	2	3	4
	BMT15	I am bothered by skin problems	0	1	2	3	4
F W B	BMT5	I am able to get around by myself	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