

NCCN-FACT FBrSI-24 (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	An10	I get headaches .....	0	1	2	3	4
	Br21	I have trouble with coordination .....	0	1	2	3	4
	Br2	I have had seizures (convulsions).....	0	1	2	3	4
	Br14	I need help in caring for myself (bathing, dressing, eating, etc.).....	0	1	2	3	4
	Br20	I have weakness in my arms or legs .....	0	1	2	3	4
	C2	I am losing weight .....	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
	Br9	I have difficulty expressing my thoughts .....	0	1	2	3	4
	GF5	I am sleeping well.....	0	1	2	3	4
	Br1	I am able to concentrate.....	0	1	2	3	4
Br3	I can remember new things .....	0	1	2	3	4	
Br8	I am able to find the right word(s) to say what I mean .....	0	1	2	3	4	

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			Not at all	A little bit	Some- what	Quite a bit	Very much
D R S- E	Br10	I am bothered by a change in my personality .....	0	1	2	3	4
	GE6	I worry that my condition will get worse .....	0	1	2	3	4
	Br5	I am afraid of having a seizure (convulsion).	0	1	2	3	4
	Br4	I get frustrated that I cannot do things I used to.....	0	1	2	3	4
	GE3	I am losing hope in the fight against my illness.....	0	1	2	3	4
T S E	GP1	I have a lack of energy.....	0	1	2	3	4
	GP2	I have nausea .....	0	1	2	3	4
	GP5	I am bothered by side effects of treatment .....	0	1	2	3	4
	HI7	I feel fatigued.....	0	1	2	3	4
	C6	I have a good appetite.....	0	1	2	3	4
F W B	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