

## FACT-MM (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.**

### PHYSICAL WELL-BEING

		Not at all	A little bit	Some- what	Quite a bit	Very much
GP1	I have a lack of energy .....	0	1	2	3	4
GP2	I have nausea.....	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
GP4	I have pain.....	0	1	2	3	4
GP5	I am bothered by side effects of treatment.....	0	1	2	3	4
GP6	I feel ill.....	0	1	2	3	4
GP7	I am forced to spend time in bed .....	0	1	2	3	4

### SOCIAL/FAMILY WELL-BEING

		Not at all	A little bit	Some- what	Quite a bit	Very much
GS1	I feel close to my friends .....	0	1	2	3	4
GS2	I get emotional support from my family.....	0	1	2	3	4
GS3	I get support from my friends .....	0	1	2	3	4
GS4	My family has accepted my illness.....	0	1	2	3	4
GS5	I am satisfied with family communication about my illness .....	0	1	2	3	4
GS6	I feel close to my partner (or the person who is my main support) .....	0	1	2	3	4
Q1	<i>Regardless of your current level of sexual activity, please answer the following question. If you prefer not to answer it, please check this box <input type="checkbox"/> and go to the next section.</i>					
GS7	I am satisfied with my sex life .....	0	1	2	3	4

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### EMOTIONAL WELL-BEING

		Not at all	A little bit	Some- what	Quite a bit	Very much
GE1	I feel sad.....	0	1	2	3	4
GE2	I am satisfied with how I am coping with my illness .....	0	1	2	3	4
GE3	I am losing hope in the fight against my illness .....	0	1	2	3	4
GE4	I feel nervous .....	0	1	2	3	4
GE5	I worry about dying .....	0	1	2	3	4
GE6	I worry that my condition will get worse.....	0	1	2	3	4

### FUNCTIONAL WELL-BEING

		Not at all	A little bit	Some- what	Quite a bit	Very much
GF1	I am able to work (include work at home).....	0	1	2	3	4
GF2	My work (include work at home) is fulfilling .....	0	1	2	3	4
GF3	I am able to enjoy life .....	0	1	2	3	4
GF4	I have accepted my illness .....	0	1	2	3	4
GF5	I am sleeping well.....	0	1	2	3	4
GF6	I am enjoying the things I usually do for fun.....	0	1	2	3	4
GF7	I am content with the quality of my life right now .....	0	1	2	3	4

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<b><u>ADDITIONAL CONCERNS</u></b>		<b>Not at all</b>	<b>A little bit</b>	<b>Some- what</b>	<b>Quite a bit</b>	<b>Very much</b>
P2	I have certain parts of my body where I experience pain.....	0	1	2	3	4
HI 12	I feel weak all over .....	0	1	2	3	4
BMT 6	I get tired easily .....	0	1	2	3	4
HI8	I have trouble concentrating .....	0	1	2	3	4
N3	I worry about getting infections.....	0	1	2	3	4
LEU 3	I feel discouraged about my illness .....	0	1	2	3	4
LEU 4	Because of my illness, I have difficulty planning for the future.....	0	1	2	3	4
LEU 6	I worry that I might get new symptoms of my illness .....	0	1	2	3	4
BRM 9	I have emotional ups and downs.....	0	1	2	3	4
BP1	I have bone pain.....	0	1	2	3	4
An 14	I need help doing my usual activities .....	0	1	2	3	4
MM 1	I have trouble walking because of pain .....	0	1	2	3	4
HI7	I feel fatigued.....	0	1	2	3	4
ES 10	I have gained weight.....	0	1	2	3	4