

## FACT-Br (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<br>at all | A little<br>bit | Some-<br>what | Quite<br>a bit | Very<br>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<br>at all | A little<br>bit | Some-<br>what | Quite<br>a bit | Very<br>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 mark 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            |

## FACT-Br (Version 4)

Please circle or mark one number per line to indicate your response as it applies to the past 7 days.

### EMOTIONAL WELL-BEING

|     |  | Not<br>at all | A little<br>bit | Some-<br>what | Quite<br>a bit | Very<br>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<br>at all | A little<br>bit | Some-<br>what | Quite<br>a bit | Very<br>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            |

## FACT-Br (Version 4)

**Please circle or mark one number per line to indicate your response as it applies to the past 7 days.**

| <u>ADDITIONAL CONCERNS</u> |   | Not at<br>all | A little<br>bit | Some-<br>what | Quite<br>a bit | Very<br>much |
|----------------------------|---|---------------|-----------------|---------------|----------------|--------------|
| Br1                        | I am able to concentrate .....  | 0             | 1               | 2             | 3              | 4            |
| Br2                        | I have had seizures (convulsions).....                                      | 0             | 1               | 2             | 3              | 4            |
| Br3                        | I can remember new things .....   | 0             | 1               | 2             | 3              | 4            |
| Br4                        | I get frustrated that I cannot do things I used to.....                     | 0             | 1               | 2             | 3              | 4            |
| Br5                        | I am afraid of having a seizure (convulsion).....                           | 0             | 1               | 2             | 3              | 4            |
| Br6                        | I have trouble with my eyesight .....                                       | 0             | 1               | 2             | 3              | 4            |
| Br7                        | I feel independent .....  | 0             | 1               | 2             | 3              | 4            |
| NTX6                       | I have trouble hearing.....   | 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            |
| Br9                        | I have difficulty expressing my thoughts .....                              | 0             | 1               | 2             | 3              | 4            |
| Br10                       | I am bothered by a change in my personality.....                            | 0             | 1               | 2             | 3              | 4            |
| Br11                       | I am able to make decisions and take responsibility .....                   | 0             | 1               | 2             | 3              | 4            |
| Br12                       | I am bothered by the drop in my contribution to the<br>family .....         | 0             | 1               | 2             | 3              | 4            |
| Br13                       | I am able to put my thoughts together.....                                  | 0             | 1               | 2             | 3              | 4            |
| Br14                       | I need help in caring for myself (bathing, dressing,<br>eating, etc.) ..... | 0             | 1               | 2             | 3              | 4            |
| Br15                       | I am able to put my thoughts into action.....                               | 0             | 1               | 2             | 3              | 4            |
| Br16                       | I am able to read like I used to .....                                      | 0             | 1               | 2             | 3              | 4            |
| Br17                       | I am able to write like I used to .....                                     | 0             | 1               | 2             | 3              | 4            |
| Br18                       | I am able to drive a vehicle (my car, truck, etc.).....                     | 0             | 1               | 2             | 3              | 4            |
| Br19                       | I have trouble feeling sensations in my arms, hands, or<br>legs .....       | 0             | 1               | 2             | 3              | 4            |
| Br20                       | I have weakness in my arms or legs.....                                     | 0             | 1               | 2             | 3              | 4            |
| Br21                       | I have trouble with coordination .....                                      | 0             | 1               | 2             | 3              | 4            |
| An10                       | I get headaches .....   | 0             | 1               | 2             | 3              | 4            |