

## FACT-CTCL (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 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

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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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**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
CTCL 1	My skin itches.....	0	1	2	3	4
CTCL 2	My skin feels sensitive or “raw” .....	0	1	2	3	4
CTCL 3	I have painful cracks in the skin on my hands or feet .....	0	1	2	3	4
CTCL 4	My skin feels irritated.....	0	1	2	3	4
CTCL 5	I worry that my skin condition may get worse .....	0	1	2	3	4
ST7	My skin bleeds easily.....	0	1	2	3	4
CTCL 7	I am embarrassed by the appearance of my skin .....	0	1	2	3	4
CTCL 8	I am frustrated by my skin condition.....	0	1	2	3	4
CTCL 9	My skin is dry or “flaky” .....	0	1	2	3	4
CTCL 10	I have trouble sleeping because of my skin condition.....	0	1	2	3	4
CTCL 11	My family is bothered by my skin condition.....	0	1	2	3	4
CTCL 12	I have difficulty doing things with my hands because of the condition of my skin .....	0	1	2	3	4
CTCL 13	I have difficulty walking because of my skin condition....	0	1	2	3	4
CTCL 14	I am bothered by the red or pink appearance of my skin...	0	1	2	3	4
CTCL 15	I am bothered by uncertainty about my prognosis.....	0	1	2	3	4
ST17	My skin condition interferes with my social life .....	0	1	2	3	4
CTCL 17	I am tired of dealing with my skin condition.....	0	1	2	3	4
CTCL 18	I have painful lesions or tumors on my skin.....	0	1	2	3	4
CTCL 19	I am bothered by the inconvenience of treatment for my skin condition .....	0	1	2	3	4