

## FACT-BI (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	Somewhat	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	Somewhat	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 and go to the next section.</i>	<input type="checkbox"/>				
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	Somewhat	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	Somewhat	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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### ADDITIONAL CONCERNS

Not at  
all      A little  
bit      Somewhat  
Quite  
a bit      Very  
much

BL1	I have trouble controlling my urine.....	0	1	2	3	4
C2	I am losing weight.....	0	1	2	3	4
C3	I have control of my bowels.....	0	1	2	3	4
BL2	I urinate more frequently than usual .....	0	1	2	3	4
C5	I have diarrhea (diarrhoea).....	0	1	2	3	4
C6	I have a good appetite.....	0	1	2	3	4
C7	I like the appearance of my body .....	0	1	2	3	4
BL3	It burns when I urinate .....	0	1	2	3	4
BL4	I am interested in sex.....	0	1	2	3	4
BL5	(For men only) I am able to have and maintain an erection.....	0	1	2	3	4
Q2	Do you have an ostomy appliance? No___ Yes___ If yes, answer the following two items: ↓					
C8	I am embarrassed by my ostomy appliance .....	0	1	2	3	4
C9	Caring for my ostomy appliance is difficult.....	0	1	2	3	4