

FACT-E (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.**

<u>PHYSICAL WELL-BEING</u>		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

<u>SOCIAL/FAMILY WELL-BEING</u>		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
HN1	I am able to eat the foods that I like	0	1	2	3	4
HN2	My mouth is dry	0	1	2	3	4
HN3	I have trouble breathing.....	0	1	2	3	4
HN4	My voice has its usual quality and strength	0	1	2	3	4
HN5	I am able to eat as much food as I want	0	1	2	3	4
HN 10	I am able to communicate with others	0	1	2	3	4
HN7	I can swallow naturally and easily	0	1	2	3	4
E1	I have difficulty swallowing solid foods	0	1	2	3	4
E2	I have difficulty swallowing soft or mashed foods	0	1	2	3	4
E3	I have difficulty swallowing liquids.....	0	1	2	3	4
E4	I have pain in my chest when I swallow	0	1	2	3	4
E5	I choke when I swallow.....	0	1	2	3	4
E6	I am able to enjoy meals with family or friends.....	0	1	2	3	4
C6	I have a good appetite.....	0	1	2	3	4
E7	I wake at night because of coughing	0	1	2	3	4
ACT 11	I have pain in my stomach area	0	1	2	3	4
C2	I am losing weight	0	1	2	3	4