

## FACT-N (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.**

<b><u>PHYSICAL WELL-BEING</u></b>		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

<b><u>SOCIAL/FAMILY WELL-BEING</u></b>		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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<b><u>ADDITIONAL CONCERNS</u></b>		Not at all	A little bit	Somewhat	Quite a bit	Very much
N1	I worry about getting sick due to low blood counts .....	0	1	2	3	4
N2	I avoid public places for fear of getting an infection .....	0	1	2	3	4
P1	I have aches and pains that bother me.....	0	1	2	3	4
An14	I need help doing my usual activities .....	0	1	2	3	4
N3	I worry about getting infections .....	0	1	2	3	4
N4	I worry my condition will not improve if my treatment is delayed.....	0	1	2	3	4
An5	I have energy .....	0	1	2	3	4
BRM3	I am bothered by fevers (episodes of high body temperature) .....	0	1	2	3	4
BRM2	I am bothered by the chills .....	0	1	2	3	4
ES 3	I have night sweats .....	0	1	2	3	4
An16	I have to limit my social activity because I am tired.....	0	1	2	3	4
MS10	I need to rest during the day .....	0	1	2	3	4
An1	I feel listless (“washed out”) .....	0	1	2	3	4
An13	I am motivated to do my usual activities.....	0	1	2	3	4
N6	I have mouth sores.....	0	1	2	3	4
N7	My partner worries about me when my blood counts are low .....	0	1	2	3	4
N8	My low blood counts interfere with my intimate relationships .....	0	1	2	3	4
An3	I have trouble <u>starting</u> things because I am tired.....	0	1	2	3	4
MS3	I am bothered by headaches .....	0	1	2	3	4