

## FACT-ES (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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### ADDITIONAL CONCERNS

		Not at all	A little bit	Somewhat	Quite a bit	Very much
ES1	I have hot flashes/hot flushes .....	0	1	2	3	4
ES2	I have cold sweats .....	0	1	2	3	4
ES3	I have night sweats .....	0	1	2	3	4
ES4	I have vaginal discharge .....	0	1	2	3	4
ES5	I have vaginal itching/irritation .....	0	1	2	3	4
ES6	I have vaginal bleeding or spotting .....	0	1	2	3	4
ES7	I have vaginal dryness .....	0	1	2	3	4
ES8	I have pain or discomfort with intercourse.....	0	1	2	3	4
ES9	I have lost interest in sex .....	0	1	2	3	4
ES10	I have gained weight .....	0	1	2	3	4
An9	I feel lightheaded (dizzy).....	0	1	2	3	4
O2	I have been vomiting .....	0	1	2	3	4
C5	I have diarrhea (diarrhoea) .....	0	1	2	3	4
An10	I get headaches .....	0	1	2	3	4
Tax1	I feel bloated.....	0	1	2	3	4
ES11	I have breast sensitivity/tenderness .....	0	1	2	3	4
ES12	I have mood swings.....	0	1	2	3	4
ES13	I am irritable .....	0	1	2	3	4
BRM1	I have pain in my joints .....	0	1	2	3	4