

FACT-Taxane (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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| <u>ADDITIONAL CONCERNS</u> | | Not at all | A little bit | Somewhat | Quite a bit | Very much |
|-----------------------------------|---|---------------|-----------------|----------|----------------|--------------|
| NTX1 | I have numbness or tingling in my hands..... | 0 | 1 | 2 | 3 | 4 |
| NTX2 | I have numbness or tingling in my feet | 0 | 1 | 2 | 3 | 4 |
| NTX3 | I feel discomfort in my hands..... | 0 | 1 | 2 | 3 | 4 |
| NTX4 | I feel discomfort in my feet | 0 | 1 | 2 | 3 | 4 |
| NTX5 | I have joint pain or muscle cramps..... | 0 | 1 | 2 | 3 | 4 |
| HI12 | I feel weak all over | 0 | 1 | 2 | 3 | 4 |
| NTX6 | I have trouble hearing..... | 0 | 1 | 2 | 3 | 4 |
| NTX7 | I get a ringing or buzzing in my ears..... | 0 | 1 | 2 | 3 | 4 |
| NTX8 | I have trouble buttoning buttons..... | 0 | 1 | 2 | 3 | 4 |
| NTX9 | I have trouble feeling the shape of small objects when they are in my hand | 0 | 1 | 2 | 3 | 4 |
| An6 | I have trouble walking..... | 0 | 1 | 2 | 3 | 4 |
| Tax1 | I feel bloated..... | 0 | 1 | 2 | 3 | 4 |
| Tax2 | My hands are swollen..... | 0 | 1 | 2 | 3 | 4 |
| Tax3 | My legs or feet are swollen | 0 | 1 | 2 | 3 | 4 |
| Tax4 | I have pain in my fingertips..... | 0 | 1 | 2 | 3 | 4 |
| Tax5 | I am bothered by the way my hands or nails look..... | 0 | 1 | 2 | 3 | 4 |