

## FACT-AntiA (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>		<b>Not at all</b>	<b>A little bit</b>	<b>Somewhat</b>	<b>Quite a bit</b>	<b>Very much</b>
HI7	I feel fatigued .....	0	1	2	3	4
HI12	I feel weak all over .....	0	1	2	3	4
AA1	My fatigue keeps me from doing the things I want to do.....	0	1	2	3	4
AA2	I am bothered by mouth sores or tenderness.....	0	1	2	3	4
AA3	Because of my mouth sores, eating is difficult .....	0	1	2	3	4
AA4	The skin on my hands hurts .....	0	1	2	3	4
AA5	Hand pain or tenderness interferes with my daily activities .....	0	1	2	3	4
AA6	The skin on my feet hurts.....	0	1	2	3	4
AA7	Pain on the bottom of my feet interferes with my walking.....	0	1	2	3	4
C5	I have diarrhea (diarrhoea).....	0	1	2	3	4
AA8	I have to limit my activities because of diarrhea (diarrhoea).....	0	1	2	3	4
BMT13	I am bothered by a change in the way food tastes .....	0	1	2	3	4
BRM5	I am bothered by dry mouth.....	0	1	2	3	4
MS3	I am bothered by headaches .....	0	1	2	3	4
BRM1	I have pain in my joints.....	0	1	2	3	4
Cx6	I am bothered by constipation.....	0	1	2	3	4
AA9	I am bothered by a skin rash .....	0	1	2	3	4
Th5	I am bothered by nosebleeds.....	0	1	2	3	4
B5	I am bothered by hair loss .....	0	1	2	3	4
AA10	I am bothered by swelling in certain areas of my body ...	0	1	2	3	4
Ga1	I have a loss of appetite.....	0	1	2	3	4

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		<b>Not at all</b>	<b>A little bit</b>	<b>Somewhat</b>	<b>Quite a bit</b>	<b>Very much</b>
B1	I have been short of breath .....	0	1	2	3	4
O2	I have been vomiting .....	0	1	2	3	4