

## COST – FACIT (Version 2)

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.**

		Not at all	A little bit	Somewhat	Quite a bit	Very much
FT1	I know that I have enough money in savings, retirement, or assets to cover the costs of my treatment.....	0	1	2	3	4
FT2	My out-of-pocket medical expenses are more than I thought they would be .....	0	1	2	3	4
FT3	I worry about the financial problems I will have in the future as a result of my illness or treatment .....	0	1	2	3	4
FT4	I feel I have no choice about the amount of money I spend on care .....	0	1	2	3	4
FT5	I am frustrated that I cannot work or contribute as much as I usually do.....	0	1	2	3	4
FT6	I am satisfied with my current financial situation .....	0	1	2	3	4
FT7	I am able to meet my monthly expenses .....	0	1	2	3	4
FT8	I feel financially stressed.....	0	1	2	3	4
FT9	I am concerned about keeping my job and income, including paid work at home.....	0	1	2	3	4
FT10	My cancer or treatment has reduced my satisfaction with my present financial situation .....	0	1	2	3	4
FT11	I feel in control of my financial situation.....	0	1	2	3	4
FT12	My illness has been a financial hardship to my family and me .....	0	1	2	3	4