

## FACT-G Caregiver (Version 4)

Below is a list of statements that other people facing an 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.**

### PHYSICAL WELL-BEING

		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
GP FC5	Are you currently taking any medication or receiving other medical treatments?  <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, 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

### SOCIAL/FAMILY WELL-BEING

		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
GS FC4	My family has accepted the illness .....	0	1	2	3	4
GS FC5	I am satisfied with family communication about the 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
GE FC2	I am satisfied with how I am coping with my family member's illness.....	0	1	2	3	4
GE FC3	I am losing hope in the fight against my family member's illness.....	0	1	2	3	4
GE4	I feel nervous .....	0	1	2	3	4
GE FC5	I worry about my family member dying .....	0	1	2	3	4
GE FC6	I worry that my family member's 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
GF FC4	I have accepted my family member's 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