

NCCN/FACT Breast Cancer Symptom Index (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	
D R S- P	GP1	I have a lack of energy	0	1	2	3	4
	GP4	I have pain	0	1	2	3	4
	GP6	I feel ill	0	1	2	3	4
	B1	I have been short of breath	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
	HI7	I feel fatigued.....	0	1	2	3	4
	BP1	I have bone pain	0	1	2	3	4
D R S- E	GF5	I am sleeping well.....	0	1	2	3	4
	GE6	I worry that my condition will get worse ...	0	1	2	3	4
T S E	GP2	I have nausea	0	1	2	3	4
	N6	I have mouth sores.....	0	1	2	3	4
	GP5	I am bothered by side effects of treatment .	0	1	2	3	4
F W B	B5	I am bothered by hair loss	0	1	2	3	4
	GF1	I am able to work (include work at home) .	0	1	2	3	4
	GF3	I am able to enjoy life.....	0	1	2	3	4
	GF7	I am content with the quality of my life right now	0	1	2	3	4

DRS-P=Disease-Related Symptoms Subscale – Physical
 DRS-E=Disease-Related Symptoms Subscale – Emotional
 TSE=Treatment Side Effects Subscale
 FWB=Function and Well-Being Subscale