

NCCN/FACT Lymphoma 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
	C2	I am losing weight	0	1	2	3	4
	Leu1	I am bothered by lumps or swelling in certain parts of my body (e.g., neck, armpits, or groin).....	0	1	2	3	4
	BMT6	I get tired easily	0	1	2	3	4
	BP1	I have bone pain	0	1	2	3	4
	HI8	I have trouble concentrating	0	1	2	3	4
	GF5	I am sleeping well.....	0	1	2	3	4
D R S- E	C6	I have a good appetite.....	0	1	2	3	4
	GE6	I worry that my condition will get worse	0	1	2	3	4
	BRM9	I have emotional ups and downs	0	1	2	3	4
	Leu4	Because of my illness, I have difficulty planning for the future.....	0	1	2	3	4
T S E	Leu5	I feel uncertain about my future health	0	1	2	3	4
	GP2	I have nausea	0	1	2	3	4
	N3	I worry about getting infections	0	1	2	3	4
F W B	GP5	I am bothered by side effects of treatment ..	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