

## FACT-B (Version 4)

Below is a list of statements that other people with your illness have said are important. **By circling one (1) number per line, please indicate how true each statement has been for you during the past 7 days.**

### PHYSICAL WELL-BEING

|     |  | Not<br>at all | A little<br>bit | Some-<br>what | Quite<br>a bit | Very<br>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            |

### SOCIAL/FAMILY WELL-BEING

|     |  | Not<br>at all | A little<br>bit | Some-<br>what | Quite<br>a bit | Very<br>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 check this box <input type="checkbox"/> and go to the next section.</i> |               |                 |               |                |              |
| GS7 | I am satisfied with my sex life.....   | 0             | 1               | 2             | 3              | 4            |

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### EMOTIONAL WELL-BEING

|     |   | Not<br>at all | A little<br>bit | Some-<br>what | Quite<br>a bit | Very<br>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<br>at all | A little<br>bit | Some-<br>what | Quite<br>a bit | Very<br>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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### ADDITIONAL CONCERNS

|    |  | Not<br>at all | A little<br>bit | Some-<br>what | Quite<br>a bit | Very<br>much |
|----|--|---------------|-----------------|---------------|----------------|--------------|
| B1 | I have been short of breath.....   | 0             | 1               | 2             | 3              | 4            |
| B2 | I am self-conscious about the way I dress .....  | 0             | 1               | 2             | 3              | 4            |
| B3 | One or both of my arms are swollen or tender .....   | 0             | 1               | 2             | 3              | 4            |
| B4 | I feel sexually attractive.....  | 0             | 1               | 2             | 3              | 4            |
| B5 | I am bothered by hair loss.....  | 0             | 1               | 2             | 3              | 4            |
| B6 | I worry that other members of my family might<br>someday get the same illness I have ..... | 0             | 1               | 2             | 3              | 4            |
| B7 | I worry about the effect of stress on my illness .....                                     | 0             | 1               | 2             | 3              | 4            |
| B8 | I am bothered by a change in weight .....  | 0             | 1               | 2             | 3              | 4            |
| B9 | I am able to feel like a woman.....  | 0             | 1               | 2             | 3              | 4            |
| P2 | I have certain parts of my body where I experience<br>significant pain.....                | 0             | 1               | 2             | 3              | 4            |