



FACIT-F (Version 4)

ID NUMBER:

FORM CODE: FCT
VERSION: 1.0 10/26/10

Visit Number

SEQ #

0a) Form Date / /

0b) Initials

Instructions: Form is to be completed during the study visit. Read all questions exactly as written.

Below is a list of statements that other people with your illness have said are important. Please indicate your response as it applies to the past 7 days.

		Not at all	A little bit	Some -what	Quite a bit	Very much
<u>PHYSICAL WELL-BEING</u>						
1	I have a lack of energy	0	1	2	3	4
2	I have nausea	0	1	2	3	4
3	Because of my physical condition, I have trouble meeting the needs of my family	0	1	2	3	4
4	I have pain.....	0	1	2	3	4
5	I am bothered by side effects of treatment	0	1	2	3	4
6	I feel ill	0	1	2	3	4
7	I am forced to spend time in bed	0	1	2	3	4

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SOCIAL/FAMILY WELL-BEING

		Not at all	A little bit	Some -what	Quite a bit	Very much
8	I feel close to my friends	0	1	2	3	4
9	I get emotional support from my family	0	1	2	3	4
10	I get support from my friends	0	1	2	3	4
11	My family has accepted my illness	0	1	2	3	4
12	I am satisfied with family communication about my illness.....	0	1	2	3	4
13	I feel close to my partner (or the person who is my main support)	0	1	2	3	4
14	<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 <input type="checkbox"/> and go to the next section.</i>					
15	I am satisfied with my sex life	0	1	2	3	4

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Please indicate your response as it applies to the past 7 days.

EMOTIONAL WELL-BEING

		Not at all	A little bit	Some -what	Quite a bit	Very much
16	I feel sad.....	0	1	2	3	4
17	I am satisfied with how I am coping with my illness.....	0	1	2	3	4
18	I am losing hope in the fight against my illness	0	1	2	3	4
19	I feel nervous.....	0	1	2	3	4
20	I worry about dying.....	0	1	2	3	4
21	I worry that my condition will get worse	0	1	2	3	4

FUNCTIONAL WELL-BEING

		Not at all	A little bit	Some -what	Quite a bit	Very much
22	I am able to work (include work at home).....	0	1	2	3	4
23	My work (include work at home) is fulfilling	0	1	2	3	4
24	I am able to enjoy life	0	1	2	3	4
25	I have accepted my illness.....	0	1	2	3	4
26	I am sleeping well	0	1	2	3	4
27	I am enjoying the things I usually do for fun	0	1	2	3	4
28	I am content with the quality of my life right now	0	1	2	3	4

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Please indicate your response as it applies to the past 7 days.

<u>ADDITIONAL CONCERNS</u>		Not at all	A little bit	Some -what	Quite a bit	Very much
29	I feel fatigued	0	1	2	3	4
30	I feel weak all over	0	1	2	3	4
31	I feel listless ("washed out")	0	1	2	3	4
32	I feel tired	0	1	2	3	4
33	I have trouble <u>starting</u> things because I am tired	0	1	2	3	4
34	I have trouble <u>finishing</u> things because I am tired	0	1	2	3	4
35	I have energy	0	1	2	3	4
36	I am able to do my usual activities	0	1	2	3	4
37	I need to sleep during the day	0	1	2	3	4
38	I am too tired to eat	0	1	2	3	4
39	I need help doing my usual activities	0	1	2	3	4
40	I am frustrated by being too tired to do the things I want to do ..	0	1	2	3	4
41	I have to limit my social activity because I am tired	0	1	2	3	4