

NCCN-FACT FPSI-17 (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	Some-what	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
	P7	I have difficulty urinating.....	0	1	2	3	4
	C2	I am losing weight .....	0	1	2	3	4
	BP1	I have bone pain .....	0	1	2	3	4
	HI7	I feel fatigued.....	0	1	2	3	4
	NCCN3	I have weakness in my legs .....	0	1	2	3	4
D R S- E	P3	My pain keeps me from doing things I want to do .....	0	1	2	3	4
	C6	I have a good appetite.....	0	1	2	3	4
	GF5	I am sleeping well.....	0	1	2	3	4
	GE6	I worry that my condition will get worse .....	0	1	2	3	4
	GP2	I have nausea .....	0	1	2	3	4
	P6	I have trouble moving my bowels .....	0	1	2	3	4
	GS7	I am satisfied with my sex life.....	0	1	2	3	4
T S E	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