

## FPSI-7

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
GP1	I have a lack of energy .....	0	1	2	3	4
P2	I have certain parts of my body where I experience pain .....	0	1	2	3	4
GP4	I have pain.....	0	1	2	3	4
P3	My pain keeps me from doing things I want to do.....	0	1	2	3	4
C2	I am losing weight.....	0	1	2	3	4
GF3	I am able to enjoy life .....	0	1	2	3	4
P7	I have difficulty urinating .....	0	1	2	3	4

Note: This symptom index was derived from the NCCN Symptom Project and requires further study as a validated instrument and as an aggregated scale.