

# Functional Assessment of Cancer Therapy - Prostate

Below is a list of statement that other people with your illness have said are important. Please select one number to indicate your response at it applies to the past 7 days.

## Physical Well-Being

- 1) I have a lack of energy  
☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much
- 2) I have nausea  
☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much
- 3) Because of my physical condition, I have trouble meeting the needs of my family  
☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much
- 4) I have pain  
☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much
- 5) I am bothered by side effects of treatment  
☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much
- 6) I feel ill  
☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much
- 7) I am forced to spend time in bed  
☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much

## Social / Family Well-Being

- 8) I feel close to my friends  
☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much
- 9) I get emotional support from my family  
☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much
- 10) I get support from my friends  
☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much
- 11) My family has accepted my illness  
☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much
- 12) I am satisfied with family communications about my illness  
☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much
- 13) I feel close to my partner (or the person who is my main support)  
☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much

Regardless of your current level of sexual activity, please answer the following question.

14) I am satisfied with my sex life

☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much

Emotional Well-Being

15) I feel sad

☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much

16) I am satisfied with how I am coping with my illness

☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much

17) I am losing hope in the fight against my illness

☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much

18) I feel nervous

☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much

19) I worry about dying

☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much

20) I worry that my condition will get worse

☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much

Functional Well-Being

21) I am able to work (include work at home)

☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much

22) My work (include work at home) is fulfilling

☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much

23) I am able to enjoy life

☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much

24) I have accepted my illness

☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much

25) I am sleeping well

☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much

26) I am enjoying the things I usually do for fun

☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much

27) I am content with the quality of my life right now

☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much

Additional Concerns

28) I am losing weight

☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much

29) I have a good appetite

☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much

30) I have aches and pains that bother me

☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much

31) I have certain parts of my body where I experience pain

☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much

32) My pain keeps me from doing things I want to do

☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much

33) I am satisfied with my present comfort level

☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much

34) I am able to feel like a man

☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much

35) I have trouble moving my bowels

☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much

36) I have difficulty urinating

☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much

37) I urinate more frequently than usual

☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much

38) My problems with urinating limit my activities

☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much

39) I am able to have and maintain an erection

☐ 0 Not at all   ☐ 1 A little bit   ☐ 2 Somewhat   ☐ 3 Quite a bit   ☐ 4 Very much

40) Additional Notes or Comments