FACT-L (Version 4)

inTeleScans powered by Teleform

Protocol ID:	Research Participant #	UPN:	Evaluation Code	Nurse ID:	Institution:
ProtocolID	RPN	UPN	EvaluationCode	NurseID	Institution

Because this is a computer read form, please use **BLACK ink only.** Please solidly fill bubbles for choice responses.

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

	PHYSICAL WELL-BEING	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very much**
GP1	I have a lack of energy	LackOfEnergy 1	2	3	4	5
GP2	I have nausea	HaveNausea 1	2	3	4	5
GP3	Because of my physical condition, I have trouble meeting the needs of my family	FamNeeds 1	2	3	4	5
GP4	I have pain	HavePain 1	2	3	4	5
GP5	I am bothered by side effects of treatment	SideEffects 1	2	3	4	5
GP6	I feel ill	PhysFeelIll 1	2	3	4	5
GP7	I am forced to spend time in bed	ForcedBedTime 1	2	3	4	5

	SOCIAL/FAMILY WELL-BEING	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very much**
GS1	I feel close to my friends	CloseToFriends 1	2	3	4	5
GS2	I get emotional support from my family	EmotionalSupport 1	2	3	4	5
GS3	I get support from my friends	SupportFromFriends 1	2	3	4	5
GS4	My family has accepted my illness	FamAcceptIllness 1	2	3	4	5
GS5	I am satisfied with family communication about my illness	Communication 1	2	3	4	5
GS6	I feel close to my partner (or the person who is my main support)	CloseToPartner 1	2	3	4	5
Q1	*Regardless of your current level of sexual activity, please answer the following question.* *If you prefer not to answer it, please check this box* [1] *and go to the next section.*	SexualActivity				
GS7	I am satisfied with my sex life	SexLife 1	2	3	4	5

©Copyright City of Hope,
COHADM3043v00 rev: 03/09/2015

0 0 0 1

29573

Annotations modified: 03/10/2010

CarBITS.dbo.NurseFACTL (vNurseFACTL)

FACT-L (Version 4)

inTeleScans powered by Teleform

Protocol ID:	Research Participant #:	UPN:	Evaluation Code:	Nurse ID:	Institution

Because this is a computer read form, please use **BLACK ink only.** Please solidly fill bubbles for choice responses.

Please select one bubble per line to indicate your response as it applies to the **past 7 days**.

EMOTIONAL WELL-BEING

		Not at all	A little bit	Somewhat	Quite a bit	Very much
GE1	I feel sad	FeelSad 1	2	3	4	5
GE2	I am satisfied with how I am coping with my illness	IllnessCoping 1	2	3	4	5
GE3	I am losing hope in the fight against my illness	LosingHope 1	2	3	4	5
GE4	I feel nervous	FeelNervous 1	2	3	4	5
GE5	I worry about dying	WorryAboutDying 1	2	3	4	5
GE6	I feel ill	EmotionFeelIll 1	2	3	4	5

FUNCTIONAL WELL-BEING

		Not at all	A little bit	Somewhat	Quite a bit	Very much
GF1	I am able to work (include work at home)	AbleToWork 1	2	3	4	5
GF2	My work (include work at home) is fulfilling	WorkIsFulfilling 1	2	3	4	5
GF3	I am able to enjoy life	AbleToEnjoyLife 1	2	3	4	5
GF4	I have accepted my illness	AcceptedMyIllness 1	2	3	4	5
GF5	I am sleeping well	SleepWell 1	2	3	4	5
GF6	I am enjoying the things I usually do for fun	EnjoyUsualFun 1	2	3	4	5
GF7	I am content with the quality of my life right now	ContentQOL 1	2	3	4	5

©Copyright City of Hope,
COHADM3043v00 rev: 03/09/2015

0 0 0 1

29573

Annotations modified: 03/10/2010

CarBITS.dbo.NurseFACTL (vNurseFACTL)

FACT-L (Version 4)

inTeleScans powered by Teleform

Protocol ID:	Research Participant #:	UPN:	Evaluation Code:	Nurse ID:	Institution

Because this is a computer read form, please use **BLACK ink only.** Please solidly fill bubbles for choice responses.

Please select one bubble per line to indicate your response as it applies to the **past 7 days**.

	ADDITIONAL CONCERNS	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very much**
B1	I have been short of breath	ShortBreath 1	2	3	4	5
C2	I am losing weight	LosingWeight 1	2	3	4	5
L1	My thinking is clear	ThinkingClear 1	2	3	4	5
L2	I have been coughing	Coughing 1	2	3	4	5
B5	I am bothered by hair loss	HairLoss 1	2	3	4	5
C6	I have a good appetite	Appetite 1	2	3	4	5
L3	I feel tightness in my chest	TightChest 1	2	3	4	5
L4	Breathing is easy for me	EasyBreathing 1	2	3	4	5
Q3	SmokedYN er smoked? 1 Yes 0 No					
L5	→ If yes, I regret my smoking	RegretSmoking 1	2	3	4	5

©Copyright City of Hope,
COHADM3043v00 rev: 03/09/2015

0 0 0 1

29573

Annotations modified: 03/10/2010

CarBITS.dbo.NurseFACTL (vNurseFACTL)