

FACT-BR QUALITY OF LIFE SCALE (Version 3.0)

Patient Number: _____

Patient Initials:_____

Date: _____

Below is a list of statements that other people with your illness have said are important. By filling one number per line, please indicate how true each statement has been for you during the past 7 days.

During the past 7 days:

| | | | | |
|---------------|-----------------|--------------|----------------|--------------|
| not at all | a little bit | some what | quite a bit | very much |
|---------------|-----------------|--------------|----------------|--------------|

Physical Well Being

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. I have a lack of energy..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. I have nausea..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Because of my physical condition, I have trouble meeting the needs of my family..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. I have pain..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. I am bothered by side effects of treatment..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. I feel ill..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. I am forced to spend all my time in bed..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

8. Looking at the above 7 questions, how much would you say your Physical Well-Being affects your quality of life?

not at all ○ ○ ○ ○ ○ ○ ○ ○ ○ very much so

During the past 7 days:

| | | | | |
|--------|----------|------|-------|------|
| not at | a little | some | quite | very |
| all | bit | what | a bit | much |

Social/Family Well Being

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 9. I feel distant from my friends..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. I get emotional support from my family..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. I get support from my friends and neighbors..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. My family has accepted my illness..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. Family communication about my illness is poor..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. I feel close to my partner (or the person who is my main support)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Have you been sexually active during the past year? No____Yes____ If yes: I am satisfied with my sex life..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Looking at the above 7 questions, how much would you say your Social /Family Well-Being affects your quality of life?

not at all ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

During the past 7 days:

| <u>Relationship with Doctor</u> | not at all | a little bit | some what | quite a bit | very much | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------|
| 17. I have confidence in my doctor(s)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 18. My doctor is available to answer my questions.... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 19. Looking at the above 2 questions, how much would you say your Relationship with the Doctor affects your quality of life? | | | | | | | | | | | |
| not at all | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | very much so |

During the past 7 days:

| <u>Emotional Well-Being</u> | not at all | a little bit | some what | quite a bit | very much | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------|
| 20. I feel sad..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 21. I am proud of how I'm coping with my illness.... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 22. I am losing hope in the fight against my illness..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 23. I feel nervous..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 24. I worry about dying..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 25. I worry that my condition will get worse..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 26. Looking at the above 6 questions, how much would you say your Emotional Well-Being affects your quality of life? | | | | | | | | | | | |
| not at all | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | very much so |

During the past 7 days:

| <u>Functional Well-Being</u> | not at all | a little bit | some what | quite a bit | very much | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------|
| 27. I am able to work (including my work at home)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 28. My work (including my work at home) is fulfilling.... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 29. I am able to enjoy life..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 30. I have accepted my illness..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 31. I am sleeping well..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 32. I am enjoying the things I usually do for fun..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 33. I am content with the quality of my life right now.... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 34. Looking at the above 7 questions, how much would you say your Functional Well Being affects your quality of life? | | | | | | | | | | | |
| not at all | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | very much so |

THANK YOU