



# FACIT-F

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FORM CODE: FCT  
VERSION: 2.0 03/13/2018

Event \_\_\_\_\_

0a) Date of Collection   /   /      0b) Staff Code

**Instructions:** Form is to be completed during the participant's clinic visit. Read all questions exactly as written.

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

		Not at all <sub>0</sub>	A little bit <sub>1</sub>	Some what <sub>2</sub>	Quite a bit <sub>3</sub>	Very much <sub>4</sub>
<b><u>PHYSICAL WELL-BEING</u></b>						
1)	I have a lack of energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	I have nausea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	Because of my physical condition, I have trouble meeting the needs of my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	I have pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5)	I am bothered by side effects of treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6)	I feel ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	I am forced to spend time in bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**SOCIAL/FAMILY WELL-BEING**

		Not at all	A little bit	Some -what	Quite a bit	Very much
8	I feel close to my friends .....	0	1	2	3	4
9	I get emotional support from my family .....	0	1	2	3	4
10	I get support from my friends .....	0	1	2	3	4
11	My family has accepted my illness .....	0	1	2	3	4
12	I am satisfied with family communication about my illness.....	0	1	2	3	4
13	I feel close to my partner (or the person who is my main support) .....	0	1	2	3	4
14	<i>Regardless of your current level of sexual activity, please answer the following question. If you prefer not to answer it, please mark this box <input type="checkbox"/> and go to the next section.</i>					
15	I am satisfied with my sex life .....	0	1	2	3	4

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Please indicate your response as it applies to the past 7 days.

<b><u>EMOTIONAL WELL-BEING</u></b>		<b>Not at all<sub>0</sub></b>	<b>A little bit<sub>1</sub></b>	<b>Some what<sub>2</sub></b>	<b>Quite a bit<sub>3</sub></b>	<b>Very much<sub>4</sub></b>
16)	I feel sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17)	I am satisfied with how I am coping with my illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18)	I am losing hope in the fight against my illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19)	I feel nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20)	I worry about dying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21)	I worry that my condition will get worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b><u>FUNCTIONAL WELL-BEING</u></b>		<b>Not at all<sub>0</sub></b>	<b>A little bit<sub>1</sub></b>	<b>Some what<sub>2</sub></b>	<b>Quite a bit<sub>3</sub></b>	<b>Very much<sub>4</sub></b>
22)	I am able to work (include work at home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23)	My work (include work at home) is fulfilling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24)	I am able to enjoy life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25)	I have accepted my illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26)	I am sleeping well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27)	I am enjoying the things I usually do for fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28)	I am content with the quality of my life right now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate your response as it applies to the past 7 days.

<b><u>ADDITIONAL CONCERNS</u></b>		<b>Not at all<sub>0</sub></b>	<b>A little bit<sub>1</sub></b>	<b>Some what<sub>2</sub></b>	<b>Quite a bit<sub>3</sub></b>	<b>Very much<sub>4</sub></b>
29)	I feel fatigued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30)	I feel weak all over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31)	I feel listless ("washed out")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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- |     |   |                                   |                                     |                                  |                                    |                                  |
|-----|---|-----------------------------------|-------------------------------------|----------------------------------|------------------------------------|----------------------------------|
| 32) | I feel tired  | <input type="checkbox"/>          | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>           | <input type="checkbox"/>         |
| 33) | I have trouble <u>starting</u> things because I am tired  | <input type="checkbox"/>          | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>           | <input type="checkbox"/>         |
| 34) | I have trouble <u>finishing</u> things because I am tired | <input type="checkbox"/>          | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>           | <input type="checkbox"/>         |
| 35) | I have energy   | <input type="checkbox"/>          | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>           | <input type="checkbox"/>         |
| 36) | I am able to do my usual activities                       | <input type="checkbox"/>          | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>           | <input type="checkbox"/>         |
| 37) | I need to sleep during the day                            | <input type="checkbox"/>          | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>           | <input type="checkbox"/>         |
| 38) | I am too tired to eat                                     | <input type="checkbox"/>          | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>           | <input type="checkbox"/>         |
|     |   | <b>Not at<br/>all<sub>0</sub></b> | <b>A little<br/>bit<sub>1</sub></b> | <b>Some<br/>what<sub>2</sub></b> | <b>Quite<br/>a bit<sub>3</sub></b> | <b>Very<br/>much<sub>4</sub></b> |

**ADDITIONAL CONCERNS**

- |     |  |                          |                          |                          |                          |                          |
|-----|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 39) | I need help doing my usual activities                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40) | I am frustrated by being too tired to do the things I want to do | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41) | I have to limit my social activity because I am tired            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |