



## FACT-L (Version 4)

Page 1 of 3

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.**

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

<b><u>SOCIAL / FAMILY WELL-BEING</u></b>	<b>Not at all</b>	<b>A little bit</b>	<b>Some-what</b>	<b>Quite a bit</b>	<b>Very much</b>
I feel close to my friends .....	0	1	2	3	4
I get emotional support from my family.....	0	1	2	3	4
I get support from my friends.....	0	1	2	3	4
My family has accepted my illness .....	0	1	2	3	4
I am satisfied with family communication about my illness.....	0	1	2	3	4
I feel close to my partner (or the person who is my main support).....	0	1	2	3	4
<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>					
I am satisfied with my sex life .....	0	1	2	3	4

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Please circle or mark one number per line to indicate your response as it applies to the past 7 days.

<u>EMOTIONAL WELL-BEING</u>	Not at all	A little bit	Some- what	Quite a bit	Very much
I feel sad .....	0	1	2	3	4
I am satisfied with how I am coping with my illness.....	0	1	2	3	4
I am losing hope in the fight against my illness.....	0	1	2	3	4
I feel nervous.....	0	1	2	3	4
I worry about dying.....	0	1	2	3	4
I worry that my condition will get worse.....	0	1	2	3	4

<u>FUNCTIONAL WELL-BEING</u>	Not at all	A little bit	Some- what	Quite a bit	Very much
I am able to work (include work at home) .....	0	1	2	3	4
My work (include work at home) is fulfilling.....	0	1	2	3	4
I am able to enjoy life .....	0	1	2	3	4
I have accepted my illness.....	0	1	2	3	4
I am sleeping well.....	0	1	2	3	4
I am enjoying the things I usually do for fun.....	0	1	2	3	4
I am content with the quality of my life right now.....	0	1	2	3	4

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Page 3 of 3

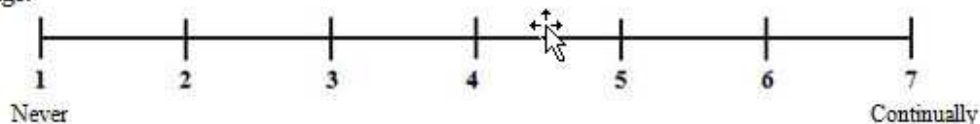
Please circle or mark one number per line to indicate your response as it applies to the past 7 days.

<u>ADDITIONAL CONCERNS</u>	Not at all	A little bit	Some- what	Quite a bit	Very much
I have been short of breath.....	0	1	2	3	4
I am losing weight .....	0	1	2	3	4
My thinking is clear .....	0	1	2	3	4
I have been coughing .....	0	1	2	3	4
I am bothered by hair loss.....	0	1	2	3	4
I have a good appetite.....	0	1	2	3	4
I feel tightness in my chest.....	0	1	2	3	4
Breathing is easy for me .....	0	1	2	3	4
Have you ever smoked					
No _____ Yes _____ If Yes:					
I regret my smoking.....	0	1	2	3	4

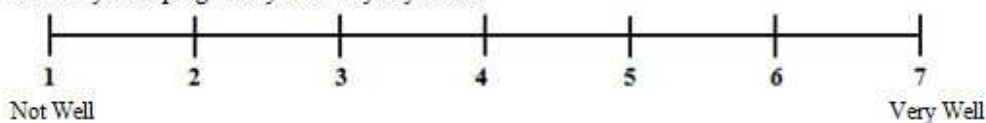
### FUNCTIONAL LIVING INDEX: CANCER (FLIC)

Unless otherwise indicated, please respond to the following questions as they relate to your activities and well-being **during the last two weeks**.

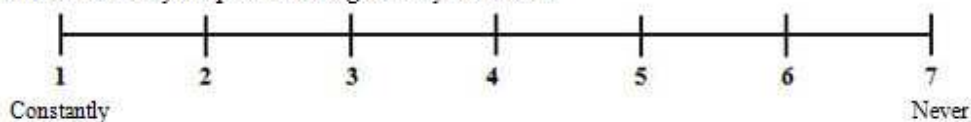
1. Most people experience some feelings of depression at times. Rate how often you feel these feelings.



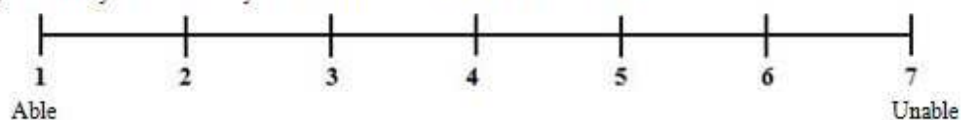
2. How well are you coping with your everyday stress?



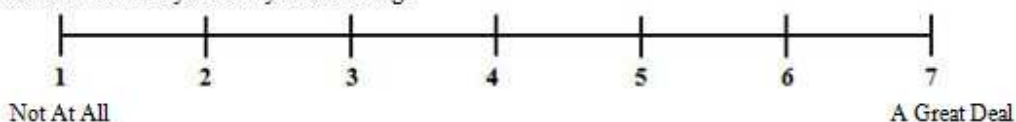
3. How much time do you spend thinking about your illness?



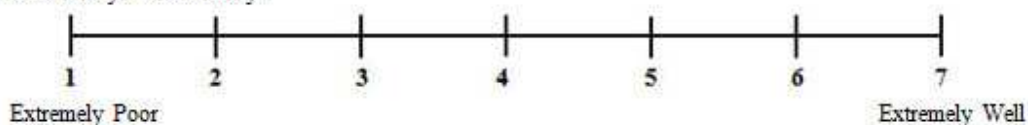
4. Rate your ability to maintain your usual recreation or leisure activities.



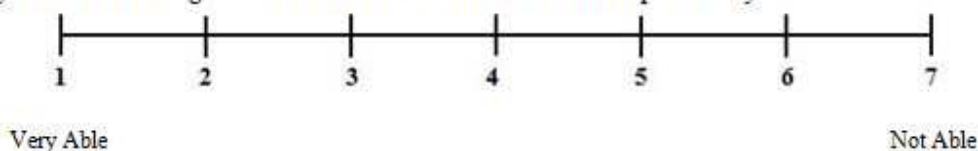
5. Has nausea affected your daily functioning?



6. How well do you feel today?



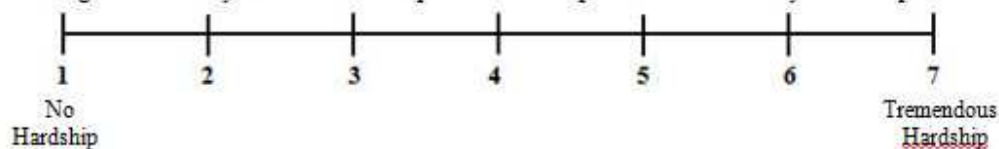
7. Do you feel well enough to make a meal or do minor household repairs today?



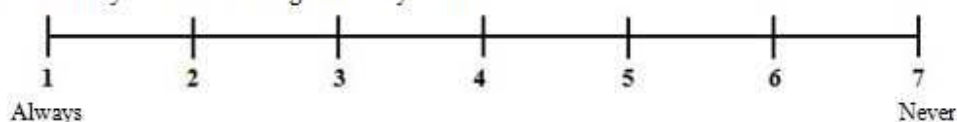
I

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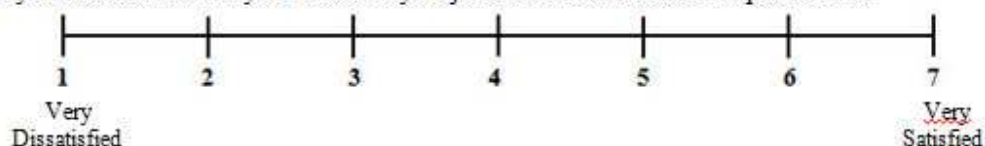
8. Rate the degree to which your cancer has imposed a hardship on those closest to you in the past two weeks.



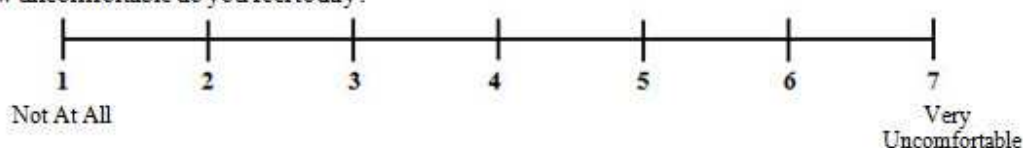
9. Rate how often you feel discouraged about your life.



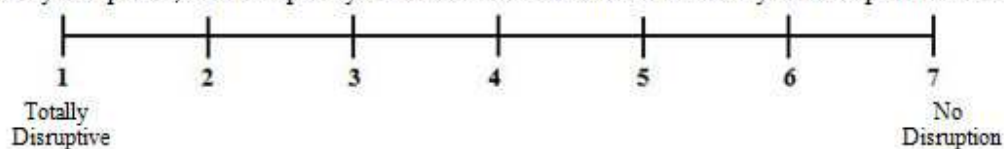
10. Rate your satisfaction with your work and your jobs around the house in the past month.



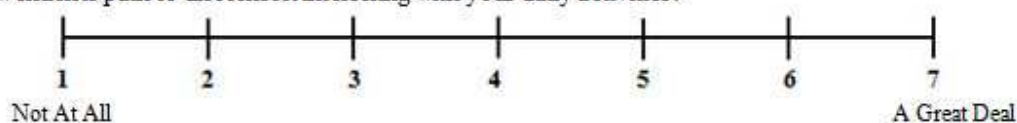
11. How uncomfortable do you feel today?



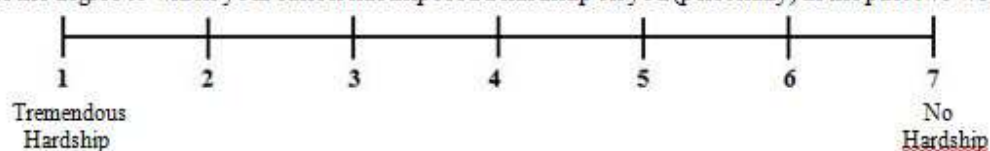
12. Rate in your opinion, how disruptive your cancer has been to those closest to you in the past two weeks.



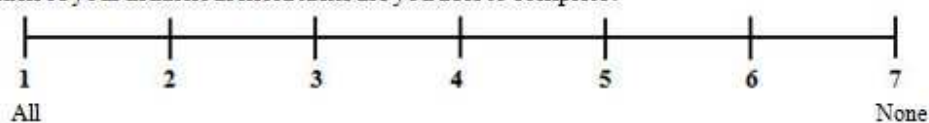
13. How much is pain or discomfort interfering with your daily activities?



14. Rate the degree to which your cancer has imposed a hardship on you (personally) in the past two weeks.

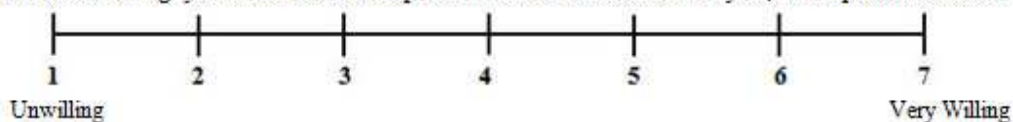


15. How much of your usual household tasks are you able to complete?

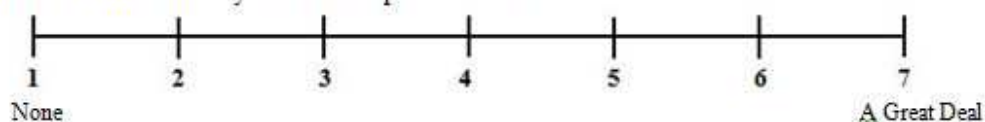


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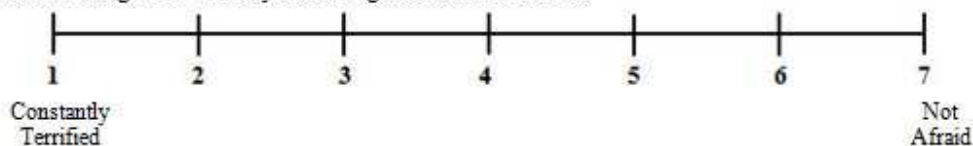
16. Rate how willing you were to see and spend time with those closest to you, in the past two weeks.



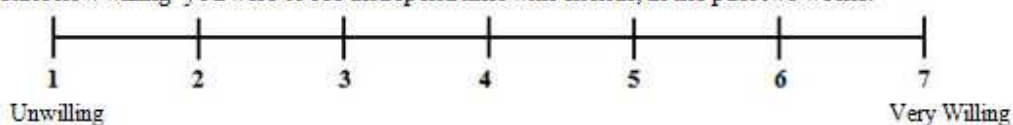
17. How much nausea have you had in the past two weeks?



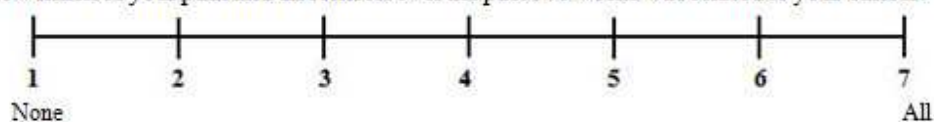
18. Rate the degree to which you are frightened of the future.



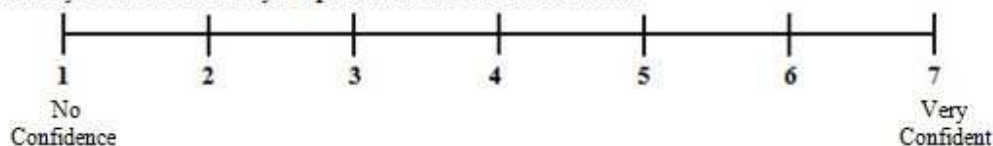
19. Rate how willing you were to see and spend time with friends, in the past two weeks.



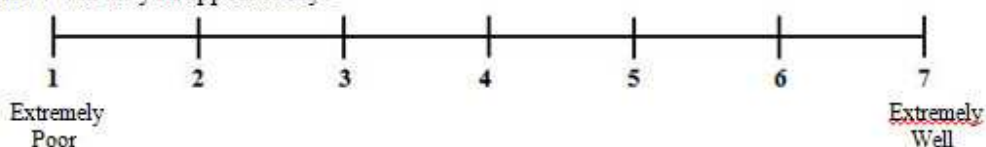
20. How much of your pain and discomfort over the past two weeks was related to your cancer?



21. Rate your confidence in your prescribed course of treatment.



22. How well do you appear today?



**Please check to make sure you have answered all the questions.  
Thank you for your valuable assistance in this project.**

## Lung Cancer Symptom Scale (LCSS)

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Page 1 of 3

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*To be completed by the patient.*

Directions: Please circle the one number below that describes how you would rate the symptoms of your lung cancer DURING THE PAST DAY.

EXAMPLE:

1. How good is the weather?

0      1      2      3      ④      5      6      7      8      9      10  
As good as      As bad as  
it could be      it could be



## Lung Cancer Symptom Scale (LCSS)

Page 2 of 3

Date completed: (mm/dd/yyyy) \_\_\_/\_\_\_/\_\_\_\_\_

Directions: Please circle the one number below that describes how you would rate the symptoms of your lung cancer DURING THE PAST DAY.

1. How is your appetite?

0	1	2	3	4	5	6	7	8	9	10
As good as it could be										As bad as it could be

2. How much fatigue do you have?

0	1	2	3	4	5	6	7	8	9	10
None										As much as it could be

3. How much coughing do you have?

0	1	2	3	4	5	6	7	8	9	10
None										As much as it could be

4. How much shortness of breath do you have?

0	1	2	3	4	5	6	7	8	9	10
None										As much as it could be

5. How much blood do you see in your sputum?

0	1	2	3	4	5	6	7	8	9	10
None										As much as it could be

6. How much pain do you have?

0	1	2	3	4	5	6	7	8	9	10
None										As much as it could be

7. How bad are your symptoms from lung cancer?

0	1	2	3	4	5	6	7	8	9	10
I have none										As bad as they could be



## SYMPTOM DISTRESS SCALE

Page 1 of 2

**Each of the following sections lists 5 different statements. Think about what each statement says, then place a circle around the one statement that most closely indicates how you have been feeling during the past 7 days. Please circle one statement of each section.**

- Appetite:**
1. I have my normal appetite
  2. My appetite is usually, but not always, pretty good
  3. I don't really enjoy my food like I used to
  4. I have to force myself to eat my food
  5. I cannot stand the thought of food
- Insomnia:**
1. I sleep as well as I always have
  2. I have occasional spells of sleeplessness
  3. I frequently have trouble getting to sleep and staying asleep
  4. I have difficulty sleeping almost every night
  5. It is almost impossible for me to get a decent night's sleep
- Pain(a):**
1. I almost never have pain
  2. I have pain once in awhile
  3. I frequently have pain - several times a week
  4. I am usually in some degree of pain
  5. I am in some degree of pain almost constantly
- Pain(b):**
1. When I do have pain, it is very mild
  2. When I do have pain, it is mildly distressing
  3. The pain I do have is usually fairly intense
  4. The pain I have is usually very intense
  5. The pain I have is almost unbearable
- Fatigue:**
1. I am usually not tired at all
  2. I am occasionally rather tired
  3. There are frequently periods when I am quite tired
  4. I am usually very tired
  5. Most of the time, I feel exhausted
- Bowel:**
1. I have my normal bowel pattern
  2. My bowel pattern occasionally causes me some discomfort
  3. I frequently have discomfort from my present bowel pattern
  4. I am usually in discomfort because of my present bowel pattern
  5. My present bowel pattern has changed drastically from what was normal for me
- Concentration:**
1. I have my normal ability to concentrate
  2. I occasionally have trouble concentrating
  3. I often have trouble concentrating
  4. I usually have at least some difficulty concentrating
  5. I just can't seem to concentrate at all

## SYMPTOM DISTRESS SCALE

Page 2 of 2



- Appearance:**
1. My appearance has basically not changed
  2. My appearance has gotten a little worse
  3. My appearance is definitely worse than it used to be, but I am not greatly concerned about it
  4. My appearance is definitely worse than it used to be, and I am concerned about it
  5. My appearance has changed drastically from what it was
- Breathing:**
1. I usually breathe normally
  2. I occasionally have trouble breathing
  3. I often have trouble breathing
  4. I can hardly ever breathe as easily as I want
  5. I almost always have severe trouble with my breathing
- Outlook:**
1. I am not fearful or worried
  2. I am a little worried about things
  3. I am quite worried, but unafraid
  4. I am worried and a little frightened about things
  5. I am worried and scared about things
- Cough:**
1. I seldom cough
  2. I have an occasional cough
  3. I often cough
  4. I often cough, and occasionally have severe coughing spells
  5. I often have persistent and severe coughing spells
- Nausea(a):**
1. I seldom feel any nausea at all
  2. I am nauseous once in awhile
  3. I am often nauseous
  4. I am usually nauseous
  5. I suffer from nausea almost continually
- Nausea(b):**
1. When I do have nausea, it is very mild
  2. When I do have nausea, it is mildly distressing
  3. When I have nausea, I feel pretty sick
  4. When I have nausea, I feel very sick
  5. When I have nausea, I am as sick as I could possibly be
- Depression:**
1. I seldom feel sad and depressed
  2. I am sad and depressed once in a while
  3. I am often sad and depressed
  4. I am usually sad and depressed
  5. I am sad and depressed almost all the time