

SWOG

FACT-LEU (VERSION 4)

Participant Identifier	<div style="display: flex; justify-content: space-around; height: 20px;"> </div>	Study Identifier	<div style="display: flex; justify-content: space-around; height: 20px;"> S1925 </div>	Registration Step	<div style="display: flex; justify-content: space-around; height: 20px;"> 1 </div>
Participant Initials _____ (L, F M)		Date Questionnaire Completed			
		<div style="display: flex; justify-content: space-around; height: 20px;"> </div>			

Page: FACT-Leu (English)

Timepoint	<input type="radio"/> Randomization <input type="radio"/> Month 3 <input type="radio"/> Month 6 <input type="radio"/> Month 9 <input type="radio"/> Month 12	<input type="radio"/> Month 15 <input type="radio"/> Month 18 <input type="radio"/> Month 24 <input type="radio"/> Month 30 <input type="radio"/> Month 36
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Patient Instructions: 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.**

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

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Participant Initials _____ (L, F M)		Date Questionnaire Completed			
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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
15	I feel sad.	0	1	2	3	4
16	I am satisfied with how I am coping with my illness.	0	1	2	3	4
17	I am losing hope in the fight against my illness.	0	1	2	3	4
18	I feel nervous.	0	1	2	3	4
19	I worry about dying.	0	1	2	3	4
20	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
21	I am able to work (include work at home).	0	1	2	3	4
22	My work (include work at home) is fulfilling.	0	1	2	3	4
23	I am able to enjoy life.	0	1	2	3	4
24	I have accepted my illness.	0	1	2	3	4
25	I am sleeping well.	0	1	2	3	4
26	I am enjoying the things I usually do for fun.	0	1	2	3	4
27	I am content with the quality of my life right now.	0	1	2	3	4

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English (Universal)
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Page: FACT-Leu (English), continued

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
28	I am bothered by fevers (episodes of high body temperature).	0	1	2	3	4
29	I have certain parts of my body where I experience pain.	0	1	2	3	4
30	I am bothered by the chills.	0	1	2	3	4
31	I have night sweats.	0	1	2	3	4
32	I am bothered by lumps or swelling in certain parts of my body (e.g., neck, armpits, or groin).	0	1	2	3	4
33	I bleed easily.	0	1	2	3	4
34	I bruise easily.	0	1	2	3	4
35	I feel weak all over.	0	1	2	3	4
36	I get tired easily.	0	1	2	3	4
37	I am losing weight.	0	1	2	3	4
38	I have a good appetite.	0	1	2	3	4
39	I am able to do my usual activities.	0	1	2	3	4
40	I worry about getting infections.	0	1	2	3	4
41	I feel uncertain about my future health.	0	1	2	3	4
42	I worry that I might get new symptoms of my illness.	0	1	2	3	4
43	I have emotional ups and downs.	0	1	2	3	4
44	I feel isolated from others because of my illness or treatment.	0	1	2	3	4