



**BMT CTN Protocol 0102 (Multiple Myeloma)**

**FUNCTIONAL ASSESSMENT OF CANCER THERAPY (FACT BMT)**

Version: 1.1; 12-03

Center: \_\_\_\_\_

Protocol 0102

Participant ID: \_\_\_\_\_

Visit Number: \_\_\_\_\_

**INSTRUCTIONS:** This survey asks you to describe situations other people with your illness have said are important. Please indicate how true each statement has been for you during the past seven days. Answer each question by selecting the best choice. If you are unsure about how to answer a question, please give the best answer you can.

**PHYSICAL WELL-BEING**

<u>During the past 7 days:</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

**SOCIAL/FAMILY WELL-BEING**

<u>During the past 7 days:</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

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	Not at all	A little bit	Some-what	Quite a bit	Very much
<i>During the past 7 days:</i>					
13. I feel close to my partner (or the person who is my main support) .....	0	1	2	3	4

**Regardless of your current level of sexual activity, please answer the following question. If you prefer not to answer it, please check the box and go to the next section.**       1 – I prefer not to answer this

	Not at all	A little bit	Some-what	Quite a bit	Very much
14. I am satisfied with my sex life .....	0	1	2	3	4

### **EMOTIONAL WELL-BEING**

	Not at all	A little bit	Some-what	Quite a bit	Very much
<i>During the past 7 days:</i>					
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

### **FUNCTIONAL WELL-BEING**

	Not at all	A little bit	Some-what	Quite a bit	Very much
<i>During the past 7 days:</i>					
21. I am able to work (include work in home).....	0	1	2	3	4
22. My work (including work in 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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### ADDITIONAL CONCERNS

	Not at all	A little bit	Some-what	Quite a bit	Very much
<i>During the past 7 days:</i>					
28. I am concerned about keeping my job (include work at home).....	0	1	2	3	4
29. I feel distant from other people .....	0	1	2	3	4
30. I worry that the transplant will not work .....	0	1	2	3	4
31. The effects of treatment are worse than I had imagined .....	0	1	2	3	4
32. I have a good appetite .....	0	1	2	3	4
33. I like the appearance of my body.....	0	1	2	3	4
34. I am able to get around myself .....	0	1	2	3	4
35. I get tired easily.....	0	1	2	3	4
36. I am interested in sex.....	0	1	2	3	4
37. I have concerns about my ability to have children.....	0	1	2	3	4
38. I have confidence in my nurses .....	0	1	2	3	4
39. I regret having the bone marrow transplant.....	0	1	2	3	4
40. I can remember things .....	0	1	2	3	4
41. I am able to concentrate (e.g., reading) .....	0	1	2	3	4
42. I have frequent colds/infections .....	0	1	2	3	4
43. My eyesight is blurry .....	0	1	2	3	4
44. I am bothered by a change in the way food tastes.....	0	1	2	3	4
45. I have tremors.....	0	1	2	3	4
46. I have been short of breath.....	0	1	2	3	4
47. I am bothered by skin problems (e.g., rash, itching) .....	0	1	2	3	4
48. I have problems with my bowels.....	0	1	2	3	4
49. My illness is a personal hardship for my close family members .....	0	1	2	3	4
50. The cost of my treatment is a burden on me or my family .....	0	1	2	3	4

Signature: \_\_\_\_\_

Date: \_\_\_\_\_