(98) The Functional Assessment of Cancer Therapy-General Scale: Physical Well-being Scale

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|  | The simple statements listed below are based on patients' experiences and feelings. After each sentence, use the following indicators to express your opinion of the sentence, based on (experience or feelings) in the past seven days. Only circle one answer for each question. Physical condition: Past seven days | Not at all | A little | Normal | Quite a lot | Very much |
| 1. | I have lack of energy. | 0 | 1 | 2 | 3 | 4 |
| 2. | I have nausea. | 0 | 1 | 2 | 3 | 4 |
| 3. | 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. | In general, I feel sick. | 0 | 1 | 2 | 3 | 4 |
| 7. | I am forced to spend time in bed. | 0 | 1 | 2 | 3 | 4 |