

		Not at all	A little bit	Some- what	Quite a bit	Very much
NTX 1	I have numbness or tingling in my hands.....	0	1	2	3	4
NTX 2	I have numbness or tingling in my feet.....	0	1	2	3	4
NTX 3	I feel discomfort in my hands.....	0	1	2	3	4
NTX 4	I feel discomfort in my feet.....	0	1	2	3	4

**S2 Fig.** FACT/GOG-NTX-4 (version 4). 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.