

## FACIT ASCITES INDEX (patient questionnaire)

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.**

		Not at all	A little bit	Some- what	Quite a bit	Very much
C6	I have a good appetite .....	0	1	2	3	4
GF5	I am sleeping well .....	0	1	2	3	4
BMT5	I am able to get around by myself .....	0	1	2	3	4
B1	I have been short of breath .....	0	1	2	3	4
GP2	I have nausea .....	0	1	2	3	4
O2	I have been vomiting .....	0	1	2	3	4
ACT11	I have pain in my stomach area .....	0	1	2	3	4
O1	I have swelling in my stomach area .....	0	1	2	3	4
GP1	I have a lack of energy .....	0	1	2	3	4
ACT10	When I eat, I seem to get full quickly .....	0	1	2	3	4
BL2	I urinate more frequently than usual .....	0	1	2	3	4
Cx6	I am bothered by constipation .....	0	1	2	3	4
A11	I have been emotionally distressed .....	0	1	2	3	4