

## FBISI

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
GP4	I have pain .....	0	1	2	3	4
GP1	I have a lack of energy .....	0	1	2	3	4
C2	I am losing weight .....	0	1	2	3	4
GP2	I have nausea .....	0	1	2	3	4
GP6	I feel ill .....	0	1	2	3	4
GE6	I worry that my condition will get worse .....	0	1	2	3	4
BL1	I have trouble controlling my urine .....	0	1	2	3	4