

FKSI –DRS (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.**

		Not at all	A little bit	Some- what	Quite a bit	Very much
GP1	I have a lack of energy.....	0	1	2	3	4
GP4	I have pain.....	0	1	2	3	4
C2	I am losing weight.....	0	1	2	3	4
BP1	I have bone pain.....	0	1	2	3	4
H17	I feel fatigued.....	0	1	2	3	4
B1	I have been short of breath.....	0	1	2	3	4
L2	I have been coughing.....	0	1	2	3	4
BRM 3	I am bothered by fevers (episodes of high body temperature).....	0	1	2	3	4
RCC2	I have had blood in my urine.....	0	1	2	3	4