

FKSI -15

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
GP5	I am bothered by side effects of treatment	0	1	2	3	4
GP4	I have pain	0	1	2	3	4
C 2	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
GF3	I am able to enjoy life.....	0	1	2	3	4
B 1	I have been short of breath.....	0	1	2	3	4
GE6	I worry that my condition will get worse.....	0	1	2	3	4
C 6	I have a good appetite	0	1	2	3	4
L 2	I have been coughing	0	1	2	3	4
BRM3	I am bothered by fevers (episodes of high body temperature)	0	1	2	3	4
GF1	I am able to work (include work at home).....	0	1	2	3	4
RCC2	I have had blood in my urine.....	0	1	2	3	4
GF5	I am sleeping well	0	1	2	3	4