

# FACIT-TB (Version 1)

## Functional Assessment of Chronic Illness Therapy-Tuberculosis

### INSTRUCTIONS

This assessment asks how you feel about your health-related quality of life. **Please answer all the questions.** If you are unsure about which response to give to a question, **please choose the one** that appears most appropriate. This can often be your first response. Please keep in mind your standards, hopes, pleasures and concerns. We ask you about what you think regarding your life **in the last 7 days.**

For example, you might be asked a question about the past 7 days:

		Not at all	A little bit	Somewhat	Quite a bit	Very much
GS3	I get support from my friends ..	0	1	2	3	4

**You should circle the number that best fits how much support you got from your friends in the past 7 days.** So you would circle the number 4 if you got a great deal of support from them or you would circle number 0 if you did not get any of the support that you needed from your friends in the last week.

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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.**

<b><u>PHYSICAL WELL-BEING</u></b>		<b>Not at all</b>	<b>A little bit</b>	<b>Somewhat</b>	<b>Quite a bit</b>	<b>Very much</b>
GP6	I feel ill.....	0	1	2	3	4
BMT6	I get tired easily .....	0	1	2	3	4
GP1	I have a lack of energy .....	0	1	2	3	4
GP4	I have pain.....	0	1	2	3	4
HI12	I feel weak all over .....	0	1	2	3	4
HI7	I feel fatigued.....	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
GP3	Because of my physical condition, I have trouble meeting the needs of my family .....	0	1	2	3	4
BRM 3	I am bothered by fevers (episodes of high body temperature).....	0	1	2	3	4
GP7	I am forced to spend time in bed .....	0	1	2	3	4
Hep8	I have discomfort or pain in my stomach area.....	0	1	2	3	4
Hep4	I have had itching.....	0	1	2	3	4
Ga1	I have a loss of appetite .....	0	1	2	3	4
L2	I have been coughing.....	0	1	2	3	4
GP5	I am bothered by side effects of treatment.....	0	1	2	3	4
TB3	Dust worsens my symptoms .....	0	1	2	3	4

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Please circle or mark one number per line to indicate your response as it applies to the past 7 days.

### SOCIAL/FAMILY WELL-BEING

		Not at all	A little bit	Somewhat	Quite a bit	Very much
GS1	I feel close to my friends .....	0	1	2	3	4
GS2	I get emotional support from my family .....	0	1	2	3	4
GS5	I am satisfied with family communication about my illness .....	0	1	2	3	4
GS4	My family has accepted my illness.....	0	1	2	3	4
GS6	I feel close to my partner (or the person who is my main support) .....	0	1	2	3	4
GS3	I get support from my friends .....	0	1	2	3	4
TB2	My physical condition and/or medical treatment causes me financial difficulties .....	0	1	2	3	4

### EMOTIONAL WELL-BEING

		Not at all	A little bit	Somewhat	Quite a bit	Very much
GE6	I worry that my condition will get worse .....	0	1	2	3	4
GE5	I worry about dying .....	0	1	2	3	4
HI5	I am concerned about what the future holds for me .....	0	1	2	3	4
HI10	I am embarrassed by my illness .....	0	1	2	3	4
HI2	It is hard to tell other people about my infection .....	0	1	2	3	4
GE3	I am losing hope in the fight against my illness .....	0	1	2	3	4
B8	I am bothered by a change in weight.....	0	1	2	3	4
HI4	I worry about spreading my infection .....	0	1	2	3	4
GE4	I feel nervous .....	0	1	2	3	4
GE1	I feel sad .....	0	1	2	3	4
GE2	I am satisfied with how I am coping with my illness.....	0	1	2	3	4

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Please circle or mark one number per line to indicate your response as it applies to the past 7 days.

### FUNCTIONAL WELL-BEING

		Not at all	A little bit	Somewhat	Quite a bit	Very much
GF7	I am content with the quality of my life right now.....	0	1	2	3	4
GF2	My work (include work at home) is fulfilling.....	0	1	2	3	4
GF1	I am able to work (include work at home) .....	0	1	2	3	4
GF3	I am able to enjoy life.....	0	1	2	3	4
GF6	I am enjoying the things I usually do for fun .....	0	1	2	3	4
GF4	I have accepted my illness.....	0	1	2	3	4
GF5	I am sleeping well.....	0	1	2	3	4

### SPIRITUAL WELL-BEING

		Not at all	A little bit	Somewhat	Quite a bit	Very much
SP10	I find strength in my faith or spiritual beliefs.....	0	1	2	3	4
SP11	My illness has strengthened my faith or spiritual beliefs...	0	1	2	3	4
SP3	My life has been productive .....	0	1	2	3	4