

## FACT-GINET (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	Somew hat	Quite a bit	Very much
GP1	I have a lack of energy .....	0	1	2	3	4
HI7	I feel fatigued.....	0	1	2	3	4
C2	I am losing weight .....	0	1	2	3	4
C5	I have diarrhea (diarrhoea) .....	0	1	2	3	4
ACT11	I have pain in my stomach area .....	0	1	2	3	4
C1	I have swelling or cramps in my stomach area .....	0	1	2	3	4
GP2	I have nausea .....	0	1	2	3	4
O2	I have been vomiting .....	0	1	2	3	4
Tax1	I feel bloated.....	0	1	2	3	4
CS4	I have greasy/oily stools .....	0	1	2	3	4
M6	I have noticed blood in my stool .....	0	1	2	3	4
GE1	I feel sad .....	0	1	2	3	4
GE6	I worry that my condition will get worse .....	0	1	2	3	4
Leu5	I feel uncertain about my future health .....	0	1	2	3	4
GP5	I am bothered by side effects of treatment .....	0	1	2	3	4
An7	I am able to do my usual activities .....	0	1	2	3	4
GF3	I am able to enjoy life.....	0	1	2	3	4
GF7	I am content with the quality of my life right now..	0	1	2	3	4