

## FBrSI-15 (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	Somewhat	Quite a bit	Very much
An10	I get headaches .....	0	1	2	3	4
Br2	I have had seizures (convulsions).....	0	1	2	3	4
Br20	I have weakness in my arms or legs .....	0	1	2	3	4
Br14	I need help in caring for myself (bathing, dressing, eating, etc.).....	0	1	2	3	4
GP1	I have a lack of energy .....	0	1	2	3	4
Br9	I have difficulty expressing my thoughts .....	0	1	2	3	4
Br21	I have trouble with coordination .....	0	1	2	3	4
Br4	I get frustrated that I cannot do things I used to....	0	1	2	3	4
GP2	I have nausea .....	0	1	2	3	4
Br8	I am able to find the right word(s) to say what I mean .....	0	1	2	3	4
GE3	I am losing hope in the fight against my illness ....	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
GE6	I worry that my condition will get worse .....	0	1	2	3	4
Br5	I am afraid of having a seizure (convulsion).....	0	1	2	3	4
GF3	I am able to enjoy life.....	0	1	2	3	4