FKSI-23 (Version 1)

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 <u>past 7 days</u>.**

•		<u>ist 7 days</u> .	Not at all	A little bit	Somewhat	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
	HI7	I feel fatigued	0	1	2	3	4
	B1	I have been short of breath	0	1	2	3	4
	BRM3	I am bothered by fevers (episodes of high body temperature)	0	1	2	3	4
	BP1	I have bone pain	0	1	2	3	4
	L2	I have been coughing	0	1	2	3	4
	HI12	I feel weak all over	0	1	2	3	4
	RCC2	I have had blood in my urine	0	1	2	3	4
	C6	I have a good appetite	0	1	2	3	4
	GF5	I am sleeping well	0	1	2	3	4
	GE6	I worry that my condition will get worse	0	1	2	3	4
	GP2	I have nausea	0	1	2	3	4
	C5	I have diarrhea (diarrhoea)	0	1	2	3	4
	GP5	I am bothered by side effects of treatment.	0	1	2	3	4
	RCC3	I am burdened by the time and effort required for my cancer follow-up	0	1	2	3	4
	RCC4	I am depressed about my condition	0	1	2	3	4
	Pal4F	I feel like a burden to my family or friends	0	1	2	3	4
7	RCC5	I am capable of caring for myself independently	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
	GF7	I am content with the quality of my life right now	0	1	2	3	4

DRS-P=Disease-Related Symptoms Subscale – Physical DRS-E=Disease-Related Symptoms Subscale – Emotional TSE=Treatment Side Effects Subscale FWB=Function and Well-Being Subscale RCC=RCC

D R S-P

> D R S-E

T S E

R C C

F W B