FKSI-DRS (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 <u>past 7 days</u>.**

I			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
	BP1	I have bone pain	0	1	2	3	4
	H17	I feel fatigued	0	1	2	3	4
	В1	I have been short of breath	0	1	2	3	4
	L2	I have been coughing	0	1	2	3	4
	BRM 3	I am bothered by fevers (episodes of high body temperature)	0	1	2	3	4
	RCC2	I have had blood in my urine	0	1	2	3	4