FAIT-U (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>.**

	PHYSICAL WELL-BEING	Not at all	A little bit	Somewhat	Quite a bit	Very much
GP1	I have a lack of energy	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
GP4	I have pain	0	1	2	3	4
GP5	I am bothered by side effects of treatment	0	1	2	3	4
GP6	I feel ill	0	1	2	3	4
GP7	I am forced to spend time in bed	0	1	2	3	4
	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
GS3	I get support from my friends	0	1	2	3	4
GS4	My family has accepted my illness	0	1	2	3	4
GS5	I am satisfied with family communication about 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
Q1	Regardless of your current level of sexual activity, please answer the following question. If you prefer not to answer it, please mark this box and go to the next section.					
GS7	I am satisfied with my sex life	0	1	2	3	4

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	EMOTIONAL WELL-BEING	Not at all	A little bit	Somewhat	Quite a bit	Very much
GE1	I feel sad	0	1	2	3	4
GE1	I am satisfied with how I am coping with my illness	0	1	2	3	4
GE3	I am losing hope in the fight against my illness	0	1	2	3	4
GE4	I feel nervous	0	1	2	3	4
GE5	I worry about dying	0	1	2	3	4
GE6	I worry that my condition will get worse	0	1	2	3	4
	FUNCTIONAL WELL-BEING	Not at all	A little bit	Somewhat	Quite a bit	Very much
		0	1	2	2	4
GF1	I am able to work (include work at home)	0	1	2	3	4
GF2	My work (include work at home) is fulfilling	0	1	•	_	4
GF3		O	1	2	3	4
GF3	I am able to enjoy life	0	1	2	3	4
GF4	I am able to enjoy life I have accepted my illness					
		0	1	2	3	4
GF4	I have accepted my illness	0	1	2 2	3	4

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	ADDITIONAL CONCERNS	Not at all	A little bit	Somewhat	Quite a bit	Very much
BL1	I have trouble controlling my urine	0	1	2	3	4
ITU 1	I am comfortable discussing my condition with friends	0	1	2	3	4
BL2	I urinate more frequently than usual	0	1	2	3	4
ITU 2	I am afraid to be far from a toilet	0	1	2	3	4
ITU 3	I have to limit my social activity because of my condition	0	1	2	3	4
ITU 4	I have to limit my physical activity because of my condition	0	1	2	3	4
ITU 5	I have to limit my sexual activity because of my condition	0	1	2	3	4
ITU 6	I am embarrassed by my condition	0	1	2	3	4
ITU 7	My condition wakes me up at night	0	1	2	3	4
ITU 8	I must urinate frequently to avoid leaking	0	1	2	3	4
ITU 9	I wear protection for leakage of urine	0	1	2	3	4