

FHSI-8 (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
GP1	I have a lack of energy	0	1	2	3	4
GP2	I have nausea	0	1	2	3	4
GP4	I have pain	0	1	2	3	4
C2	I am losing weight	0	1	2	3	4
CNS7	I have pain in my back	0	1	2	3	4
HI7	I feel fatigued.....	0	1	2	3	4
Hep2	I am bothered by jaundice or yellow color to my skin	0	1	2	3	4
Hep8	I have discomfort or pain in my stomach area	0	1	2	3	4