

## FACT-CSI (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	Somewh at	Quite a bit	Very much
GP1	I have a lack of energy .....	0	1	2	3	4
HI7	I feel fatigued.....	0	1	2	3	4
C2	I am losing weight .....	0	1	2	3	4
C5	I have diarrhea (diarrhoea) .....	0	1	2	3	4
ACT11	I have pain in my stomach area .....	0	1	2	3	4
C1	I have swelling or cramps in my stomach area .....	0	1	2	3	4
ITF1	I move my bowels more frequently than usual .....	0	1	2	3	4
Ga14	I am bothered by gas (flatulence) .....	0	1	2	3	4
D4	I am embarrassed by having diarrhea (diarrhoea)...	0	1	2	3	4
ITU2	I am afraid to be far from a toilet .....	0	1	2	3	4
AA8	I have to limit my activities because of diarrhea (diarrhoea) .....	0	1	2	3	4
ES1	I have hot flashes/hot flushes .....	0	1	2	3	4
CS1	I have been wheezing (whistling sound when I breathe).....	0	1	2	3	4
CS2	I am bothered by skin redness (from flushing).....	0	1	2	3	4
M9	I have difficulty thinking clearly (remembering, concentrating).....	0	1	2	3	4
CS3	I am frustrated by having to avoid certain things because they make my symptoms worse.....	0	1	2	3	4
BRM9	I have emotional ups and downs .....	0	1	2	3	4
GE1	I feel sad .....	0	1	2	3	4
GE6	I worry that my condition will get worse .....	0	1	2	3	4
Leu5	I feel uncertain about my future health .....	0	1	2	3	4
GP5	I am bothered by side effects of treatment .....	0	1	2	3	4
An7	I am able to do my usual activities .....	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