**Functional Assessment of Chronic Illness Therapy-Tuberculosis**

**INSTRUCTIONS**

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| This assessment asks how you feel about your health-related quality of life. **Please answer all the questions.** If you are unsure about which response to give to a question, **please choose the one** that appears mostappropriate. This can often be your first response.Please keep in mind your standards, hopes, pleasures and concerns. We ask you about what you think regarding your life **in the last 7 days.**  |

**For example, you might be asked a question about the past 7 days:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at all** | **A little bit** | **Somewhat** | **Quite a bit** | **Very much** |
| **GS3** | I get support from my friends  | 0 | 1 | 2 | 3 | 4 |

**You should circle the number that best fits how much support you got from your friends in the past 7 days.** So you would circle the number 4 if you got a great deal of support from them or you would circle number 0 if you did not get any of the support that you needed from your friends in the last week.

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.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **PHYSICAL WELL-BEING** | **Not at all** | **A little bit** | **Somewhat** | **Quite a bit** | **Very much** |
|  |
| GP6 | I feel ill  | 0 | 1 | 2 | 3 | 4 |
| BMT6 | I get tired easily  | 0 | 1 | 2 | 3 | 4 |
| GP1 | I have a lack of energy  | 0 | 1 | 2 | 3 | 4 |
| GP4 | I have pain  | 0 | 1 | 2 | 3 | 4 |
| HI12 | I feel weak all over  | 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 |
| 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 |
| BRM3 | I am bothered by fevers (episodes of high body temperature)  | 0 | 1 | 2 | 3 | 4 |
| GP7 | I am forced to spend time in bed  | 0 | 1 | 2 | 3 | 4 |
| Hep8 | I have discomfort or pain in my stomach area  | 0 | 1 | 2 | 3 | 4 |
| Hep4 | I have had itching  | 0 | 1 | 2 | 3 | 4 |
| Ga1 | I have a loss of appetite  | 0 | 1 | 2 | 3 | 4 |
| L2 | I have been coughing  | 0 | 1 | 2 | 3 | 4 |
| GP5 | I am bothered by side effects of treatment  | 0 | 1 | 2 | 3 | 4 |
| TB3 | Dust worsens my symptoms  | 0 | 1 | 2 | 3 | 4 |

**Please circle or mark one number per line to indicate your response as it applies to the past 7 days.**

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|  | **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 |
| GS5 | I am satisfied with family communication about my illness  | 0 | 1 | 2 | 3 | 4 |
| GS4 | My family has accepted 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 |
| GS3 | I get support from my friends  | 0 | 1 | 2 | 3 | 4 |
| TB2 | My physical condition and/or medical treatment causes me financial difficulties  | 0 | 1 | 2 | 3 | 4 |

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| --- | --- | --- | --- | --- | --- | --- |
|  | **EMOTIONAL WELL-BEING** | **Not at all** | **A little bit** | **Somewhat** | **Quite a bit** | **Very much** |
|  |
| GE6 | I worry that my condition will get worse  | 0 | 1 | 2 | 3 | 4 |
| GE5 | I worry about dying  | 0 | 1 | 2 | 3 | 4 |
| HI5 | I am concerned about what the future holds for me  | 0 | 1 | 2 | 3 | 4 |
| HI10 | I am embarrassed by my illness  | 0 | 1 | 2 | 3 | 4 |
| HI2 | It is hard to tell other people about my infection  | 0 | 1 | 2 | 3 | 4 |
| GE3 | I am losing hope in the fight against my illness  | 0 | 1 | 2 | 3 | 4 |
| B8 | I am bothered by a change in weight  | 0 | 1 | 2 | 3 | 4 |
| HI4 | I worry about spreading my infection  | 0 | 1 | 2 | 3 | 4 |
| GE4 | I feel nervous  | 0 | 1 | 2 | 3 | 4 |
| GE1 | I feel sad  | 0 | 1 | 2 | 3 | 4 |
| GE2 | I am satisfied with how I am coping with my illness  | 0 | 1 | 2 | 3 | 4 |

**Please circle or mark one number per line to indicate your response as it applies to the past 7 days.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **FUNCTIONAL WELL-BEING** | **Not at all** | **A little bit** | **Somewhat** | **Quite a bit** | **Very much** |
| GF7 | I am content with the quality of my life right now  | 0 | 1 | 2 | 3 | 4 |
| GF2 | My work (include work at home) is fulfilling  | 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 |
| GF6 | I am enjoying the things I usually do for fun  | 0 | 1 | 2 | 3 | 4 |
| GF4 | I have accepted my illness  | 0 | 1 | 2 | 3 | 4 |
| GF5 | I am sleeping well  | 0 | 1 | 2 | 3 | 4 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **SPIRITUAL WELL-BEING** | **Not at all** | **A little bit** | **Somewhat** | **Quite a bit** | **Very much** |
| SP10 | I find strength in my faith or spiritual beliefs  | 0 | 1 | 2 | 3 | 4 |
| SP11 | My illness has strengthened my faith or spiritual beliefs  | 0 | 1 | 2 | 3 | 4 |
| SP3 | My life has been productive  | 0 | 1 | 2 | 3 | 4 |