

## FCSI-9 (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
GP4	I have pain .....	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
GP2	I have nausea .....	0	1	2	3	4
C1	I have swelling or cramps in my stomach area .	0	1	2	3	4
C6	I have a good appetite.....	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