

FAMS (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.**

MOBILITY

		Not at all	A little bit	Some- what	Quite a bit	Very much
GP3	Because of my physical condition, I have trouble meeting the needs of my family	0	1	2	3	4
GF1	I am able to work (include work at home)	0	1	2	3	4
An6	I have trouble walking.....	0	1	2	3	4
ITU3	I have to limit my social activity because of my condition.....	0	1	2	3	4
CNS5	I have strength in my legs	0	1	2	3	4
MS1	I have trouble getting around in public places	0	1	2	3	4
MS2	I have to take my condition into account when making plans	0	1	2	3	4

SYMPTOMS

		Not at all	A little bit	Some- what	Quite a bit	Very much
GP2	I have nausea	0	1	2	3	4
GP4	I have pain	0	1	2	3	4
GP6	I feel ill	0	1	2	3	4
HI12	I feel weak all over	0	1	2	3	4
BRM1	I have pain in my joints	0	1	2	3	4
MS3	I am bothered by headaches	0	1	2	3	4
MS4	I am bothered by muscle pains.....	0	1	2	3	4

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EMOTIONAL WELL-BEING

		Not at all	A little bit	Some- what	Quite a bit	Very much
GE1	I feel sad	0	1	2	3	4
GE3	I am losing hope in the fight against my illness.....	0	1	2	3	4
GF3	I am able to enjoy life.....	0	1	2	3	4
MS5	I feel trapped by my condition	0	1	2	3	4
MS6	I am depressed about my condition.....	0	1	2	3	4
MS7	I feel useless	0	1	2	3	4
MS8	I feel overwhelmed by my condition	0	1	2	3	4

GENERAL CONTENTMENT

		Not at all	A little bit	Some- what	Quite a bit	Very much
GF2	My work (include work at home) is fulfilling.....	0	1	2	3	4
GF4	I have accepted my illness.....	0	1	2	3	4
GF6	I am enjoying the things I usually do for fun	0	1	2	3	4
GF7	I am content with the quality of my life right now	0	1	2	3	4
MS9	I am frustrated by my condition	0	1	2	3	4
Sp5	I feel a sense of purpose in my life	0	1	2	3	4
HI6	I feel motivated to do things.....	0	1	2	3	4

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THINKING AND FATIGUE

		Not at all	A little bit	Some- what	Quite a bit	Very much
GP1	I have a lack of energy	0	1	2	3	4
An2	I feel tired	0	1	2	3	4
An3	I have trouble starting things because I am tired.....	0	1	2	3	4
An4	I have trouble finishing things because I am tired	0	1	2	3	4
MS10	I need to rest during the day	0	1	2	3	4
HI9	I have trouble remembering things	0	1	2	3	4
HI8	I have trouble concentrating.....	0	1	2	3	4
MS11	My thinking is slower than before	0	1	2	3	4
MS12	I have trouble learning new tasks or directions.....	0	1	2	3	4

FAMILY/SOCIAL WELL-BEING

		Not at all	A little bit	Some- what	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
MS13	My family has trouble understanding when my condition gets worse.....	0	1	2	3	4
MS14	I feel “left out” of things	0	1	2	3	4

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<u>ADDITIONAL CONCERNS</u>		Not at all	A little bit	Some- what	Quite a bit	Very much
GP5	I am bothered by side effects of treatment	0	1	2	3	4
GP7	I am forced to spend time in bed	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
GS7	I am satisfied with my sex life	0	1	2	3	4
GE2	I am satisfied with how I am coping with my illness	0	1	2	3	4
GE4	I feel nervous	0	1	2	3	4
GE6	I worry that my condition will get worse	0	1	2	3	4
GF5	I am sleeping well	0	1	2	3	4
MS15	Heat worsens my symptoms	0	1	2	3	4
BL1	I have trouble controlling my urine	0	1	2	3	4
BL2	I urinate more frequently than usual	0	1	2	3	4
BRM2	I am bothered by the chills	0	1	2	3	4
BRM3	I am bothered by fevers (episodes of high body temperature)	0	1	2	3	4
MS16	I am bothered by muscle spasms	0	1	2	3	4