

Functional Assessment of Chronic Illness Therapy-Tuberculosis (FACIT-TB) FACIT-TB Scale

Items	Yes	No
Domain: Physical Well-being		
1. I feel ill	<input type="checkbox"/>	<input type="checkbox"/>
2. I get tired easily	<input type="checkbox"/>	<input type="checkbox"/>
3. I have a lack of energy	<input type="checkbox"/>	<input type="checkbox"/>
4. I have pain	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel weak all over	<input type="checkbox"/>	<input type="checkbox"/>
6. I feel fatigued	<input type="checkbox"/>	<input type="checkbox"/>
7. I have been short of breath	<input type="checkbox"/>	<input type="checkbox"/>
8. I have nausea "a sense of vomiting outbreak"	<input type="checkbox"/>	<input type="checkbox"/>
9. Because of my physical condition, I have trouble meeting the needs of my family	<input type="checkbox"/>	<input type="checkbox"/>
10. I am bothered by fever (episode of high body temperature)	<input type="checkbox"/>	<input type="checkbox"/>
11. I am forced to spend time in bed	<input type="checkbox"/>	<input type="checkbox"/>
12. I have discomfort or pain in my stomach area	<input type="checkbox"/>	<input type="checkbox"/>
13. I have had itching	<input type="checkbox"/>	<input type="checkbox"/>
14. I have a loss of appetite	<input type="checkbox"/>	<input type="checkbox"/>
15. I have been coughing	<input type="checkbox"/>	<input type="checkbox"/>
16. I am bothered by side effects of treatment	<input type="checkbox"/>	<input type="checkbox"/>
17. Dust worsens my symptoms	<input type="checkbox"/>	<input type="checkbox"/>
Domain: Social and economic well-being		
18. I feel close to my friends	<input type="checkbox"/>	<input type="checkbox"/>
19. I get emotional support from my family	<input type="checkbox"/>	<input type="checkbox"/>
20. I am satisfied with family communication about my illness	<input type="checkbox"/>	<input type="checkbox"/>
21. My family has accepted my illness	<input type="checkbox"/>	<input type="checkbox"/>
22. I feel close to my partner (or the person who is my main support)	<input type="checkbox"/>	<input type="checkbox"/>
23. I get support from my friends	<input type="checkbox"/>	<input type="checkbox"/>
24. My physical condition and/or medical treatment cause me financial difficulties	<input type="checkbox"/>	<input type="checkbox"/>
Domain: Emotional well-being/Stigma of having TB		
25. I worry that my condition will get worse	<input type="checkbox"/>	<input type="checkbox"/>
26. I worry about dying	<input type="checkbox"/>	<input type="checkbox"/>
27. I am concerned about what the future holds for me	<input type="checkbox"/>	<input type="checkbox"/>
28. I am embarrassed by my illness	<input type="checkbox"/>	<input type="checkbox"/>
29. It is hard to tell other people about my disease	<input type="checkbox"/>	<input type="checkbox"/>
30. I am losing hope in the fight against my illness	<input type="checkbox"/>	<input type="checkbox"/>
31. I am bothered by change in weight	<input type="checkbox"/>	<input type="checkbox"/>
32. I worry about spreading my infection	<input type="checkbox"/>	<input type="checkbox"/>
33. I feel nervous	<input type="checkbox"/>	<input type="checkbox"/>
34. I feel sad	<input type="checkbox"/>	<input type="checkbox"/>
35. I am satisfied with how I am coping with my illness	<input type="checkbox"/>	<input type="checkbox"/>

Domain: Functional well-being		
36. I am content with the quality of my life right now	<input type="checkbox"/>	<input type="checkbox"/>
37. My work (include work at home) is fulfilling	<input type="checkbox"/>	<input type="checkbox"/>
38. I am able to work (include work at home)	<input type="checkbox"/>	<input type="checkbox"/>
39. I am able to enjoy life	<input type="checkbox"/>	<input type="checkbox"/>
40. I am enjoying the things I usually do for fun	<input type="checkbox"/>	<input type="checkbox"/>
41. I have accepted my illness	<input type="checkbox"/>	<input type="checkbox"/>
42. I am sleeping well	<input type="checkbox"/>	<input type="checkbox"/>
Domain: Spiritual well-being		
43. I find strength in my faith or spiritual belief	<input type="checkbox"/>	<input type="checkbox"/>
44. My illness has strengthened my faith or spiritual belief	<input type="checkbox"/>	<input type="checkbox"/>
45. My life is still productive	<input type="checkbox"/>	<input type="checkbox"/>