

FACT-GP (Version 4)

Medicaid Client Identification Number (CIN) _____

Below is a list of statements that other people 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	Some- what	Quite a bit	Very much
GP1	I have a lack of energy	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
GP4	I have pain	0	1	2	3	4
GP6	I feel ill	0	1	2	3	4
GP7	I am forced to spend time in bed	0	1	2	3	4

SOCIAL/FAMILY 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
GS6	I feel close to my partner (or the person who is my main support)	0	1	2	3	4
Q1	<i>Regardless of your current level of sexual activity, please answer the following question. If you prefer not to answer it, please mark this box <input type="checkbox"/> and go to the next section.</i>					
GS7	I am satisfied with my sex life	0	1	2	3	4

