

Family Reported Outcome Measure (FROM-16)©

Confidential

The following questions are about how **your** life is being affected by your family member's condition **at the moment**.

Please mark one box for each of the 16 questions.

Please answer the following questions:

Your age: _____

Your gender: Male / Female

Your relationship to the patient: _____

Patient's diagnosis: _____

Part 1: Emotional

Because of my family member's condition ...

Not at all A little A lot

1. I feel worried	☐	☐	☐
2. I feel angry	☐	☐	☐
3. I feel sad	☐	☐	☐
4. I feel frustrated	☐	☐	☐
5. It is difficult to find someone to talk to about my thoughts	☐	☐	☐
6. Caring for my family member is difficult	☐	☐	☐

Part 2: Personal and Social Life

Because of my family member's condition ...

Not at all A little A lot

7. It is hard to find time for myself	☐	☐	☐
8. My every day travel is affected	☐	☐	☐
9. My eating habits are affected	☐	☐	☐
10. My family activities are affected	☐	☐	☐
11. I experience problems with going on holiday	☐	☐	☐
12. My sex life is affected	☐	☐	☐
13. My work or study is affected	☐	☐	☐
14. My relationships with other family members are affected	☐	☐	☐
15. My family expenses are increased	☐	☐	☐
16. My sleep is affected	☐	☐	☐

Please check that you have answered every question. Thank you.

For office use only Score for part 1 (out of 12): _____ Score for part 2 (out of 20): _____ Total score (out of 32): _____

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