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):___