**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 this time**.

Please check 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 |  |  |  |  |  |
|  | | | | | |
| 1. I feel angry |  |  |  |  |  |
|  | | | | | |
| 1. I feel sad |  |  |  |  |  |
|  | | | | | |
| 1. I feel frustrated |  |  |  |  |  |
|  | | | | | |
| 1. It is difficult to find someone to talk to about my thoughts |  |  |  |  |  |
|  | | | | | |
| 1. 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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. It is hard to find time for myself |  |  |  |  |  |
|  | | | | | |
| 1. My every day travel is affected |  |  |  |  |  |
|  | | | | | |
| 1. My eating habits are affected |  |  |  |  |  |
|  | | | | | |
| 1. My family activities are affected |  |  |  |  |  |
|  | | | | | |
| 1. I experience problems with going on vacation |  |  |  |  |  |
|  | | | | | |
| 1. My sex life is affected |  |  |  |  |  |
|  | | | | | |
| 1. My work or study is affected |  |  |  |  |  |
|  | | | | | |
| 1. My relationships with other family members are affected |  |  |  |  |  |
|  | | | | | |
| 1. My family expenses are increased |  |  |  |  |  |
|  | | | | | |
| 1. My sleep is affected |  |  |  |  |  |

**Please check that you have answered all the questions. 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): \_\_\_ |