Functional Living Index - Emesis
PATIENT INSTRUCTIONS

In the following questionnaire you are asked to rate how much nausea and vomiting have affected your quality of life. The first set of 9 questions refers to nausea and the second set of 9 questions refers to vomiting. The questionnaire should take approximately 10 minutes or less to complete. Please read the instructions before you begin. Think carefully about each question because your answers may help to develop treatments that will improve the quality of life for future patients.

For each question, you will rate how much nausea (or vomiting) has affected an aspect of your quality of life during the past five days. Please focus on your experiences over that time period. We are interested in your opinions, not those of family members of friends. Your answers will remain confidential.

You must answer every question. Use a black ball point pen and press firmly so that your mark is clear.

If you are unsure of your answer or do not understand the question, read the question again carefully and make a vertical mark ( | ) on the line based upon your best understanding of the question. If you want to change your answer, please do the following: make a new vertical mark ( | ); draw an arrow to the correct mark; initial and date the correction.

Each question uses a visual analogue scale. Think about how you rate your feelings and place a vertical mark ( | ) on the line at a point corresponding to how much your nausea (or vomiting) has affected that aspect of your quality of life. Please read the question carefully because in some questions, a “1” indicates no effect on your quality of life and in other questions a “7” indicates a great deal of an effect on your quality of life. You may place your vertical mark ( | ) at any point along the line. Be sure that you make your vertical mark ( | ) so that it intersects the horizontal line. Do not circle a number. Use a single vertical mark ( | ) as shown below.

Correct: Vertical mark

Incorrect: Single "x"

Incorrect: Circle number

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1. How much nausea have you had in the past 5 days?

None  1  2  3  4  5  6  7  A Great Deal

2. Has nausea affected your ability to maintain usual recreation or leisure activities in the past 5 days?

Not at all  1  2  3  4  5  6  7  A Great Deal

3. Has nausea affected your ability to make a meal or do minor household repairs during the past 5 days?

A Great Deal  1  2  3  4  5  6  7  Not at all

4. How much has nausea affected your ability to enjoy a meal in the past 5 days?

Not at all  1  2  3  4  5  6  7  A Great Deal

5. How much has nausea affected your ability to enjoy drinking liquids in the past 5 days?

Not at all  1  2  3  4  5  6  7  A Great Deal

6. How much has nausea affected your willingness to see and spend time with family and friends, in the past 5 days?

A Great Deal  1  2  3  4  5  6  7  Not at all

7. Has nausea affected your daily functioning in the past 5 days?

Not at all  1  2  3  4  5  6  7  A Great Deal

8. Rate the degree to which your nausea has imposed a hardship on you (personally) in the past 5 days.

Not at all  1  2  3  4  5  6  7  A Great Deal

9. Rate the degree to which your nausea has imposed a hardship on those closest to you in the past 5 days.

Not at all  1  2  3  4  5  6  7  A Great Deal
10. How much vomiting have you had in the past 5 days?

1 2 3 4 5 6 7
Not at all A Great Deal

11. Has vomiting affected your ability to maintain usual recreation or leisure activities during the past 5 days?

1 2 3 4 5 6 7
A Great Deal Not at all

12. Has vomiting affected your ability to make a meal or do minor household repairs during the past 5 days?

1 2 3 4 5 6 7
Not at all A Great Deal

13. How much has vomiting affected your ability to enjoy a meal in the past 5 days?

1 2 3 4 5 6 7
Not at all A Great Deal

14. How much has vomiting affected your ability to enjoy drinking liquids in the past 5 days?

1 2 3 4 5 6 7
Not at all A Great Deal

15. How much has vomiting affected your willingness to see and spend time with family and friends, in the past 5 days?

1 2 3 4 5 6 7
A Great Deal Not at all

16. Has vomiting affected your daily functioning during the past 5 days?

1 2 3 4 5 6 7
Not at all A Great Deal

17. Rate the degree to which your vomiting has imposed a hardship on you (personally) in the past 5 days.

1 2 3 4 5 6 7
Not at all A Great Deal

18. Rate the degree to which your vomiting has imposed a hardship on those closest to you in the past 5 days.

1 2 3 4 5 6 7
A Great Deal Not at all