For each of the following, circle the <u>one number</u> that best indicates how that item applies to you.

1.	Rate your	level of	fatigue	on the	day you	felt mo	ost fatig	gued du	ring the	past	week:
	0 Not at all fatigued	1	2	3	4	5	6	7	8	9	10 As fatigued as I could be
2.	Rate your	level of	fatigue	on the	day you	felt lea	st fatig	ued dur	ing the	past	week:
	0 Not at all fatigued	1	2	3	4	5	6	7	8	9	10 As fatigued as I could be
3.	Rate your	level of	fatigue	on the	average	during	the pas	st week:			
	0 Not at all fatigued	1	2	3	4	5	6	7	8	9	10 As fatigued as I could be
4.	Rate your	level of	fatigue	right n	ow:						
	0 Not at all fatigued	1	2	3	4	5	6	7	8	9	10 As fatigued as I could be
5.	Rate how	much, i	n the pa	st week	, fatigue	interfe	red wit	h your ş	general	leve	el of activity:
	0 No interferen		2	3	4	5	6	7	8	9	10 Extreme interference
6.	Rate how yourself:	much, i	n the pa	st week	, fatigue	e interfe	red wit	h your :	ability 1	to ba	athe and dress
	0 No interferen		2	3	4	5	6	7	8	9	10 Extreme interference
7.	Rate how (includes	-						-	normal	wor	k activity
	0 No interferen		2	3	4	5	6	7	8	9	10 Extreme interference

Rate how	much,	in the j	past we	ek, fatig	gue inter	fered v	with your	ability	y to co	oncentrate:
0 No interfere		2	3	4	5	6	7	8	9	10 Extreme interference
Rate how	much,	in the	past we	ek, fatig	gue inter	fered v	with your	relati	ons w	ith other peop
0 No interfere		2	3	4	5	6	7	8	9	10 Extreme interference
0. Rate hov	v much	, in the	past we	ek, fati	gue inte	rfered	with you	r enjoy	ment	of life:
0 No interfere		2	3	4	5	6	7	8	9	10 Extreme interference
1. Rate hov	v much	, in the	past we	ek, fati	gue inte	rfered	with you	r moo o	l :	
0 No interfere		2	3	4	5	6	7	8	9	10 Extreme interference
2. Indicate	how m	any da	ys, in th	ne past v	week, yo	ou felt	fatigued	for any	part (of the day:
0 Days	1	2	3	4	5	6	7 Days			
3. Rate hov	v mucl	ı of the	day, or	n averag	ge, you	felt fati	igued in t	the past	t week	C:
0 None of	1	2	3	4	5	6	7	8	9	10 The entire day

2

Worse in

the afternoon

3

Worse in

the evening

4

No consistent daily

pattern of fatigue

0

Not at all

fatigued

1

Worse in

the morning