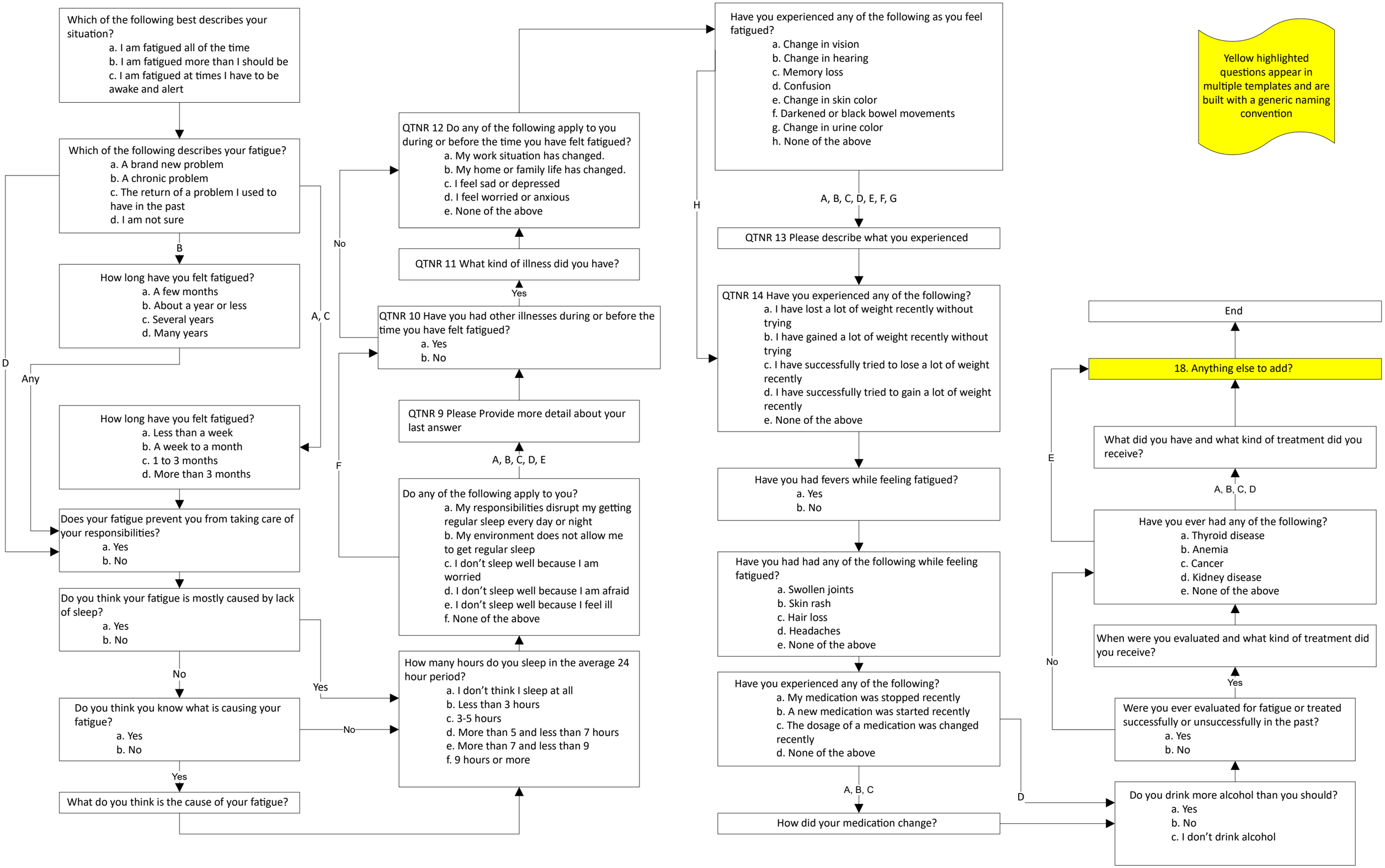
Fatigue


Which of the following best describes your situation?
a. I am fatigued all of the time
b. I am fatigued more than I should be
c. I am fatigued at times I have to be awake and alert
Which of the following describes your fatigue?
a. A brand new problem
b. A chronic problem
c. The return of a problem I used to have in the past
d. I am not sure
B
How long have you felt fatigued?
a. A few months
b. About a year or less
c. Several years
d. Many years
D
Any
A, C
How long have you felt fatigued?
a. Less than a week
b. A week to a month
c. 1 to 3 months
d. More than 3 months
Does your fatigue prevent you from taking care of your responsibilities?
a. Yes
b. No
Do you think your fatigue is mostly caused by lack of sleep?
a. Yes
b. No
No
Yes
Do you think you know what is causing your fatigue?
a. Yes
b. No
No
Yes
What do you think is the cause of your fatigue?
How many hours do you sleep in the average 24 hour period?
a. I don't think I sleep at all
b. Less than 3 hours
c. 3-5 hours
d. More than 5 and less than 7 hours
e. More than 7 and less than 9
f. 9 hours or more
Do any of the following apply to you?
a. My responsibilities disrupt my getting regular sleep every day or night
b. My environment does not allow me to get regular sleep
c. I don't sleep well because I am worried
d. I don't sleep well because I am afraid
e. I don't sleep well because I feel ill
f. None of the above
A, B, C, D, E
F
QTNR 9 Please Provide more detail about your last answer
QTNR 10 Have you had other illnesses during or before the time you have felt fatigued?
a. Yes
b. No
Yes
No
QTNR 11 What kind of illness did you have?
QTNR 12 Do any of the following apply to you during or before the time you have felt fatigued?
a. My work situation has changed.
b. My home or family life has changed.
c. I feel sad or depressed
d. I feel worried or anxious
e. None of the above
Have you experienced any of the following as you feel fatigued?
a. Change in vision
b. Change in hearing
c. Memory loss
d. Confusion
e. Change in skin color
f. Darkened or black bowel movements
g. Change in urine color
h. None of the above
H
A, B, C, D, E, F, G
QTNR 13 Please describe what you experienced
QTNR 14 Have you experienced any of the following?
a. I have lost a lot of weight recently without trying
b. I have gained a lot of weight recently without trying
c. I have successfully tried to lose a lot of weight recently
d. I have successfully tried to gain a lot of weight recently
e. None of the above
Have you had fevers while feeling fatigued?
a. Yes
b. No
Have you had had any of the following while feeling fatigued?
a. Swollen joints
b. Skin rash
c. Hair loss
d. Headaches
e. None of the above
Have you experienced any of the following?
a. My medication was stopped recently
b. A new medication was started recently
c. The dosage of a medication was changed recently
d. None of the above
A, B, C
How did your medication change?
D
Do you drink more alcohol than you should?
a. Yes
b. No
c. I don't drink alcohol
Were you ever evaluated for fatigue or treated successfully or unsuccessfully in the past?
a. Yes
b. No
Yes
No
When were you evaluated and what kind of treatment did you receive?
Have you ever had any of the following?
a. Thyroid disease
b. Anemia
c. Cancer
d. Kidney disease
e. None of the above
A, B, C, D
What did you have and what kind of treatment did you receive?
E
18. Anything else to add?
End
Yellow highlighted questions appear in multiple templates and are built with a generic naming convention