

VE v2 BSL
August 2012

Vital Exhaustion Baseline

ID#

For these questions, mark the answer that most applies to you. The answers range from “Yes” to “Don’t Know” to “No.”

	<u>Yes</u>	<u>Don't Know</u>	<u>No</u>
1. Do you often feel tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you often have trouble falling asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you repeatedly wake up during the night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. Do you feel weak all over?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you feel more listless than before you joined your current profession ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do little things irritate you more than before you joined your current profession ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7. Do you sometimes feel that your body is like a battery that was losing its power?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you feel dejected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you ever wake up with feelings of exhaustion and fatigue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you frequently experience a sense of exhaustion at work (except after)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>