Form Approved
OMB Control No.: 0920-XXXX
Expiration date: 09/30/2023

14

Multi-Site Clinical Assessment of Chronic Fatigue Syndrome

DePaul Symptom Questionnaire (DSQ)

Participant ID Number: _____

Start Date: _____/_____/_____ & Time: _____am/pm
Month Day Year HH:MM

Complete Date: _____/_____/_____ & Time: _____am/pm
Month Day Year HH:MM

Subject ID _____ Date _____

Questions from the DePaul Symptom Questionnaire (DSQ)

Please answer the following questions.

For the following questions (13-66), we would like to know **how often you have had each symptom** and **how much each symptom has bothered you over the last 6 months**. For each symptom please select **one number for frequency and one number for severity.** Please fill the chart out from left to right.

Symptoms	*Frequency*: Throughout the **past 6 months, how often** have you had this symptom? For each symptom below, select a number from: **0 = none of the time** **1 = a little of the time** **2 = about half the time** **3 = most of the time** **4 = all of the time**					*Severity*: Throughout the **past 6 months, how much** has this symptom bothered you? For each symptom below, select a number from: **0 = symptom not present** **1 = mild** **2 = moderate** **3 = severe** **4 = very severe**				
	0	**1**	**2**	**3**	**4**	**0**	**1**	**2**	**3**	**4**
13) Fatigue/extreme tiredness	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
14) Dead, heavy feeling after starting to exercise	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
15) Next day soreness or fatigue after non-strenuous, everyday activities	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
16) Mentally tired after the slightest effort	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
17) Minimum exercise makes you physically tired	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
18) Physically drained or sick after mild activity	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
19) Feeling unrefreshed after you wake up in the morning	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
20) Need to nap daily	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
21) Problems falling asleep	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
22) Problems staying asleep	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
23) Waking up early in the morning (e.g. 3am)	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
24) Sleep all day and stay awake all night	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
25) Pain or aching in your muscles	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
26) Pain/stiffness/tenderness in more than one joint without swelling or redness	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
27) Eye pain	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
28) Chest pain	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
29) Bloating	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭

Symptoms	*Frequency*: Throughout the **past 6 months, how often** have you had this symptom? For each symptom below, select a number from: **0 = none of the time** **1 = a little of the time** **2 = about half the time** **3 = most of the time** **4 = all of the time**					*Severity*: Throughout the **past 6 months, how much** has this symptom bothered you? For each symptom below, select a number from: **0 = symptom not present** **1 = mild** **2 = moderate** **3 = severe** **4 = very severe**				
	0	**1**	**2**	**3**	**4**	**0**	**1**	**2**	**3**	**4**
30) Abdomen/stomach pain	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
31) Headaches	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
32) Muscle twitches	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
33) Muscle weakness	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
34) Sensitivity to noise	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
35) Sensitivity to bright lights	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
36) Problems remembering things	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
37) Difficulty paying attention for a long period of time	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
38) Difficulty finding the right word to say or express things	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
39) Difficulty understanding things	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
40) Only able to focus on one thing at a time	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
41) Unable to focus vision and/or attention	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
42) Loss of depth perception	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
43) Slowness of thought	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
44) Absent-mindedness or forgetfulness	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
45) Bladder problems	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
46) Irritable bowel problems	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
47) Nausea	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
48) Feeling unsteady on your feet, like you might fall	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
49) Shortness of breath or trouble catching your breath	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
50) Dizziness or fainting	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭

Symptoms	*Frequency*: Throughout the **past 6 months, how often** have you had this symptom? For each symptom below, select a number from: **0 = none of the time** **1 = a little of the time** **2 = about half the time** **3 = most of the time** **4 = all of the time**					*Severity*: Throughout the **past 6 months, how much** has this symptom bothered you? For each symptom below, select a number from: **0 = symptom not present** **1 = mild** **2 = moderate** **3 = severe** **4 = very severe**				
	0	**1**	**2**	**3**	**4**	**0**	**1**	**2**	**3**	**4**
51) Irregular heart beats	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
52) Losing or gaining weight without trying	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
53) No appetite	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
54) Sweating hands	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
55) Night sweats	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
56) Cold limbs (e.g. arms, legs, hands)	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
57) Feeling chills or shivers	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
58) Feeling hot or cold for no reason	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
59) Feeling like you have a high temperature	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
60) Feeling like you have a low temperature	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
61) Alcohol intolerance	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
62) Sore throat	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
63) Tender/sore lymph nodes	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
64) Fever	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
65) Flu-like symptoms	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭
66) Some smells, foods, medications, or chemical make you feel sick	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭

67. Have you **always** had persistent or recurring **fatigue/energy problems**, even back to your earliest memories as a child? (By persistent or recurring, we mean that the fatigue/energy problems are usually ongoing and constant, but sometimes there are good periods and bad periods).

⬭ Yes ⬭ No ⬭ Not having a problem with fatigue/energy

68. Since your **fatigue/energy-related illness** began, do your headaches either happen more often, feel worse or more severe, or are they in a different place or spot?

⬭ Yes ⬭ No ⬭ Not having a problem with fatigue/energy

69. How long ago did your problem with **fatigue/energy** begin?

- ◯ Less than 6 months
- ◯ 6-12 months
- ◯ 1-2 years
- ◯ Longer than 2 years
- ◯ Had problem with fatigue/energy since childhood or adolescence
- ◯ Not having a problem with fatigue/energy

70. Have you been diagnosed with Chronic Fatigue Syndrome or Myalgic Encephalomyelitis?

◯ Yes ◯ No *(Skip to Question 70d)*

70a. If yes, what year were you diagnosed? _____

70b. Do you currently have a diagnosis of Chronic Fatigue Syndrome or Myalgic Encephalomyelitis?

◯ Yes ◯ No

70c. Who diagnosed you with Chronic Fatigue Syndrome or Myalgic Encephalomyelitis?

- ◯ Medical doctor
- ◯ Alternative Practitioner
- ◯ Self-Diagnosed

70d. Have any of your family members been diagnosed with Chronic Fatigue Syndrome or Myalgic Encephalomyelitis?

◯ Yes ◯ No

If yes, please list their relation to you and their current age

_____

_____

_____

71. Did you experience any of the following symptoms regularly and repeatedly in the months and years before your fatigue/energy problems?

- ◯ Sore throat
- ◯ Tender/sore lymph nodes
- ◯ Unrefreshing sleep
- ◯ Impaired memory and concentration
- ◯ Prolonged fatigue following physical or mental exertion
- ◯ Muscle pain
- ◯ Headaches
- ◯ Joint pain
- ◯ Not having a problem with fatigue/energy

72. If you rest, does your problem with **fatigue**/energy go away? **(Select one)**

- ◯ Entirely
- ◯ Partially
- ◯ My fatigue/energy problem in not improved by rest *(Skip to Question 73)*
- ◯ I am not having a problem with fatigue/energy *(Skip to Question 73)*

72a. How long do you have to rest for your problem with **fatigue/energy** to entirely or partially go away?

- ◯ Less than 30 minutes
- ◯ 30-59 minutes
- ◯ 1-2 hours
- ◯ More than 2 hours

73. If you were to become exhausted after participating in extracurricular activities, sports, or outings with friends, would you recover within an hour or two after the activity ended?

◯ Yes ◯ No

74. Do you reduce your activity level to avoid experiencing problems with **fatigue/energy**?

◯ Yes ◯ No ◯ Not having a problem with fatigue/energy

75. Do you experience a worsening of your **fatigue/energy related illness** after engaging in minimal physical effort?

◯ Yes ◯ No ◯ Not having a problem with fatigue/energy

75a. Do you experience a worsening of your **fatigue/energy related illness** after engaging in minimal mental effort?

◯ Yes ◯ No

75b. If you feel worse after activities, how long does this last? **(Check one)**

- ◯ 1 hour or less
- ◯ 2-3 hours
- ◯ 4-10 hours
- ◯ 11-13 hours
- ◯ 14-23 hours
- ◯ More than 24 hours (please specify length) _____

76. Are you currently engaging in any form of exercise?

◯ Yes *(Skip to Question 77)* ◯ No

76a. If you do not exercise, why aren't you exercising? **(Check all boxes that you agree with)**?

- ◯ Not interested
- ◯ No time
- ◯ Would like to but cannot because of problems with fatigue/energy
- ◯ Cannot because exercise makes symptoms worse

77. Over what period of time did your **fatigue/energy related illness** develop? **(Select one)**

- ◯ Within 24 hours
- ◯ Over 1 week
- ◯ Over 1 month
- ◯ Over 2-6 months
- ◯ Over 7-12 months
- ◯ Over 1-2 years
- ◯ Over 3 or more years
- ◯ I am not ill

78. How would you describe the course of your **fatigue/energy related illness? (Select one)**

- ◯ Constantly getting worse
- ◯ Constantly improving
- ◯ Persisting (no change)
- ◯ Relapsing & remitting (having "good" periods with no symptoms & "bad" periods)
- ◯ Fluctuating (symptoms periodically get better and get worse, but never disappear completely)
- ◯ No Symptoms/ I am not ill

79. Which statement best describes your **fatigue/energy related illness** during the **last 6 months**? **(Check one)**

- ◯ I am not able to work or do anything and am bedridden
- ◯ I can walk around the house, but I cannot do light housework
- ◯ I can do light housework, but I cannot work part-time
- ◯ I can only work part-time at work or on some family responsibilities
- ◯ I can work full time, but I have no energy left for anything else
- ◯ I can work full time and finish some family responsibilities but I have no energy left for anything else
- ◯ I can do all work and family responsibilities without any problems with my energy

80. Did your **fatigue/energy related illness** start after you experienced any of the following? **(Check one or more and please specify)**

- ◯ An infectious illness _____
- ◯ An accident _____
- ◯ A trip or vacation _____
- ◯ An immunization _____
- ◯ Surgery _____
- ◯ Severe stress (bad or unhappy event(s)) _____
- ◯ Other _____
- ◯ I am not ill

81. Have you ever consulted a medical doctor or health professional about your **fatigue/energy** problem?

◯ Yes ◯ No *(Skip to Question 83)*

82. Do you currently have a medical doctor overseeing your **fatigue/energy** problem?

◯ Yes ◯ No

83. Do you have any medical illness(es) that might be causing your symptoms?

◯ Yes ◯ No *(Skip to Question 84)*

83a. What medical illnesses do you have?

Illness name(s) and year it began

_____

_____

_____

83b. For which of these conditions are you currently receiving treatment?

_____

_____

_____

84. Are you currently taking any medication (over the counter or prescription)?

◯ Yes ◯ No *(Skip to Question 86)*

84a. What medication are you taking?

_____

85. Do you think any medication(s) is (are) causing your problem with **fatigue/energy**?

◯ Yes ◯ No *(Skip to Question 86)*
◯ Not having a problem with fatigue/energy *(Skip to Question 86)*

85a. Please specify which medications:

_____

86. Have you ever been diagnosed and/or treated for any of the following: **(Check all that apply and write year(s) experienced, years treated, and medication (if applicable) in the blank)**

◯ Major depression _____
◯ Major depression with melancholic features _____
◯ Bipolar disorder (manic-depression) _____
◯ Anxiety _____
◯ Schizophrenia _____
◯ Eating disorder _____
◯ Substance abuse _____
◯ Multiple chemical substances _____
◯ Fibromyalgia _____
◯ Allergies _____
◯ Other *(Please specify)* _____
◯ No diagnosis/treatment

87. What do you think is the cause of your problem with **fatigue/energy**? **(Select one)**

◯ Definitely physical
◯ Mainly physical
◯ Equally physical and psychological
◯ Mainly psychological
◯ Definitely psychological
◯ No problem with fatigue/energy

88. Do you think anything specific in your personal life or environment accounts for your problem with **fatigue/energy**?

◯ Yes ◯ No *(Skip to Question 89)*
◯ I do not have a problem with fatigue/energy *(Skip to Question 89)*

88a. Please specify:

_____

89. In the **past 4 weeks**, approximately how many hours per week have you spent doing:

- ◯ Household related activities? _____ hours per week
- ◯ Social/Recreational related activities? _____ hours per week
- ◯ Family related activities _____ hours per week
- ◯ Work related activities? _____ hours per week

90. In the **past 4 weeks**, have you had to reduce the number of hours you previously spent (prior to your illness) on occupational, social or family activities because of your health or problems with **fatigue/energy**?

- ◯ Yes ◯ No *(Skip to Question 91)*
- ◯ Not having a problem with fatigue/energy *(Skip to Question 91)*

90a. **Before your fatigue/energy related illness**, approximately how many hours did you used to spend on:

- ◯ Household related activities? _____ hours per week
- ◯ Social/Recreational related activities? _____ hours per week
- ◯ Family related activities _____ hours per week
- ◯ Work related activities? _____ hours per week

91. Please rate the amount of **energy** you had available **yesterday**, using a scale from 1 to 100 where 1 = no energy and 100 = your pre-illness energy level. **(If you don't have a fatigue/energy related illness, a score of 100= having abundant energy such that you could work full time and complete your family responsibilities)**

_____

92. Please rate the amount of **energy** you expended (used) yesterday, using a scale from 1 to 100 where 1 = no energy and 100 = your pre-illness energy expended

_____

93. Please rate the amount of **fatigue** you had **yesterday**, using a scale from 1 to 100 where 1 = no fatigue and 100 = severe fatigue

_____

94. For the **past week**, please rate the amount of **energy** you had available using a scale from 1 to 100 where 1 = no energy and 100 = your pre-illness energy expended

_____

95. For the **past week**, please rate the amount of **energy** you have expended (used) using a scale from 1 to 100 where 1 = no energy and 100 = your pre-illness energy expended

_____

96. For the **past week**, please rate the amount of **fatigue** you have had using a scale from 1 to 100 where 1 = no fatigue and 100 = severe fatigue

_____

THIS IS THE END OF THE SURVEY