

Subject ID: \_\_\_\_\_

Date (MM/DD/YY): \_\_\_/\_\_\_/\_\_\_\_\_

## Social Participation

1) What is your grade level in school? \_\_\_\_\_

*Please fill in the blank with the answer that best describes your school attendance:*

2) On average, I usually go to school \_\_\_\_\_.

- 1 1 day a week
- 2 2-3 days a week
- 3 4-5 days a week
- 9 N/A; I am homebound/homeschooled → **(SKIP TO QUESTION 20)**

3) When I go to school, I am usually there \_\_\_\_\_.

- 1 The whole day (6-8 hours)
- 2 Part of the day (1-5 hours)
- 3 Sometimes the whole day and sometimes part of the day

## In-School Activities

The next several questions will ask you about how often you are able to participate in a variety of in-school activities and the symptoms that affect your ability to participate in these activities.

In-School Activity	<i>How Often Are You Able To...?</i> <i>Choose one answer.</i>			<i>Which Symptoms Affect Your Ability to Participate in This Activity?</i> <i>Check all that apply...</i>					
	Never/ Rarely	Sometimes	Often/ Always	Overwhelming Fatigue	Joint/ Muscle Pain	Unable to Concentrate	Light- headed/ Dizzy	Headache	Other <sup>a</sup> (Specify)
4) Get to school on time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	_____
5) Participate and keep up with the rest of your class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	_____
6) Work with other students on classwork and/or group projects	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	_____
7) Participate in physical education class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	_____
8) Go to lunch	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	_____
9) Other (specify): _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	_____

<sup>a</sup> Other symptoms may include fainting, abdominal pain, sore throat, rash, or fever.

10) How often have you had to stop or skip an in-school activity due to CFS symptoms?

- 1 Never/Rarely
- 2 Sometimes
- 3 Often/Always

11) What kinds of in-school activities have you had to stop or skip? Please mark all that apply.

- 1 Attend Class
- 1 Lunch
- 1 Study Hall
- 1 Field Trips
- 1 Assemblies
- 1 In-School Clubs
- 1 Driver's Ed.
- 1 Other (specify \_\_\_\_\_)
- 1 N/A; I haven't had to skip/stop in-school activities

12) What symptoms caused you to stop or skip these in-school activities? Please mark all that apply.

- 1 Overwhelming Fatigue
- 1 Joint/Muscle Pain
- 1 Inability to concentrate
- 1 Light-headed/dizzy
- 1 Headache
- 1 Other (specify \_\_\_\_\_)
- 1 N/A; I haven't had to stop/skip in-school activities

### After-School Activities

The next several questions will ask you about your ability to participate in a variety of after-school activities and the symptoms that affect your ability to participate in these activities.

13) How often have you had to stop or skip an after-school activity due to CFS symptoms?

- 1 Never/Rarely
- 2 Sometimes
- 3 Often/Always

14) How often have you not been able to participate in after-school activities due to attendance requirements?

- 1 Never/Rarely
- 2 Sometimes
- 3 Often/Always

15) What kinds of after-school activities have you not been able to participate in? Please mark all that apply.

- 1 Marching band
- 1 Sports team
- 1 Drama/theater
- 1 Academic clubs
- 1 Student government/National Honor Society
- 1 Mentoring/tutoring
- 1 Other (specify \_\_\_\_\_)
- 1 N/A; I am able to participate in after-school activities.

16) What symptoms affected your ability to participate in these after-school activities? Please mark all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Overwhelming Fatigue     | <input type="checkbox"/> Headache   |
| <input type="checkbox"/> Joint/Muscle Pain        | <input type="checkbox"/> Other (specify _____)                                    |
| <input type="checkbox"/> Inability to concentrate | <input type="checkbox"/> N/A; I am able to participate in after-school activities |
| <input type="checkbox"/> Light-headed/dizzy       |   |

### School Social Activities

17) How often have you had to skip school social events due to CFS symptoms?

- Never/Rarely  
 Sometimes  
 Often/Always

18) What kinds of school social events have you had to stop or skip? Please mark all that apply

- |   |   |
|---|---|
| <input type="checkbox"/> Athletic events        | <input type="checkbox"/> Dances   |
| <input type="checkbox"/> School fundraisers     | <input type="checkbox"/> Special evening events (i.e. college/job fair) |
| <input type="checkbox"/> School performances    | <input type="checkbox"/> Other (specify _____)                          |
| <input type="checkbox"/> Overnight school trips | <input type="checkbox"/> N/A; I haven't had to stop/skip school socials |

19) What symptoms affected your ability to participate in these school social events? Please mark all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Overwhelming Fatigue     | <input type="checkbox"/> Headache                                       |
| <input type="checkbox"/> Joint/Muscle Pain        | <input type="checkbox"/> Other (specify _____)                          |
| <input type="checkbox"/> Inability to concentrate | <input type="checkbox"/> N/A; I haven't had to stop/skip school socials |
| <input type="checkbox"/> Light-headed/dizzy       |   |

### Non-School Related Activities

The next several questions will ask you about your ability to participate in a variety of non-school related activities and the symptoms that affect your ability to participate in the activity.

20) To what degree is your social time affected by your CFS symptoms?

- Not at all/A little bit  
 Moderately  
 Quite a bit/Extremely

Non-School Activity	<i>How Often...?</i> <i>Choose one answer.</i>			<i>Which Symptoms Affect Your Ability to Participate in this Activity?</i> <i>Check all that apply...</i>					
	Never/ Rarely	Sometimes	Often/ Always	Overwhelming Fatigue	Joint/ Muscle Pain	Unable to Concentrate	Light- headed/ Dizzy	Headache	Other <sup>a</sup> (Specify)
21) Do you do things outside of school with friends?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	_____
22) Is your time with friends restricted due to CFS symptoms?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	_____

<sup>a</sup> Other symptoms may include fainting, abdominal pain, sore throat, rash, or fever.

23) How often have you not been able to attend non-school related activities due to CFS symptoms?

- <sub>1</sub> Never/Rarely
- <sub>2</sub> Sometimes
- <sub>3</sub> Often/Always

24) What kinds of non-school related activities have you had to stop or skip? Please mark all that apply

- <sub>1</sub> Boy/Girl Scouts
- <sub>1</sub> Church activities
- <sub>1</sub> Camping/hiking
- <sub>1</sub> Concerts/theater
- <sub>1</sub> Family outings
- <sub>1</sub> Vacations
- <sub>1</sub> Pick-up sports games with friends
- <sub>1</sub> Sporting events
- <sub>1</sub> Social events with friends
- <sub>1</sub> Other (specify \_\_\_\_\_)
- <sub>1</sub> N/A; I haven't had to stop/skip non-school related activities

25) What symptoms affected your ability to participate in these school social events? Please mark all that apply.

- <sub>1</sub> Overwhelming Fatigue
- <sub>1</sub> Joint/Muscle Pain
- <sub>1</sub> Inability to concentrate
- <sub>1</sub> Light-headed/dizzy
- <sub>1</sub> Headache
- <sub>1</sub> Other (specify \_\_\_\_\_)
- <sub>1</sub> N/A; I haven't had to stop/skip non-school related activities

~ The End ~