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Multi-Site Clinical Assessment of CFS in Children and Adolescents

PROMIS Pediatric Instruments: Fatigue and Pain

Subject ID Number: _____

Start Date: ____/____/____ & Time: ____am/pm
Month Day Year HH:MM

Complete Date: ____/____/____ & Time: ____am/pm
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PROMIS Pediatric Fatigue - Short Form 10a

Please respond to each item by marking one box per row. In the past 7 days...

Being tired made it hard for me to play or go out with my friends as much as I'd like. Never Almost Never Sometimes Often Almost Always

I felt weak. Never Almost Never Sometimes Often Almost Always

I got tired easily. Never Almost Never Sometimes Often Almost Always

Being tired made it hard for me to keep up with my schoolwork. Never Almost Never Sometimes Often Almost Always

I had trouble finishing things because I was too tired. Never Almost Never Sometimes Often Almost Always

I had trouble starting things because I was too tired. Never Almost Never Sometimes Often Almost Always

I was so tired it was hard for me to pay attention. Never Almost Never Sometimes Often Almost Always

I was too tired to do sports or exercise. Never Almost Never Sometimes Often Almost Always

I was too tired to do things outside. Never Almost Never Sometimes Often Almost Always

I was too tired to enjoy the things I like to do. Never Almost Never Sometimes Often Almost Always

PROMIS Pediatric Pain Interference - Short Form 8a

Please respond to each item by marking one box per row. In the past 7 days...

I had trouble sleeping when I had pain. 0 Never 1 Almost Never 2 Sometimes 3 Often 4 Almost Always

I felt angry when I had pain. 0 Never 1 Almost Never 2 Sometimes 3 Often 4 Almost Always

I had trouble doing schoolwork when I had pain. 0 Never 1 Almost Never 2 Sometimes 3 Often 4 Almost Always

It was hard for me to pay attention when I had pain. 0 Never 1 Almost Never 2 Sometimes 3 Often 4 Almost Always

It was hard for me to run when I had pain. 0 Never 1 Almost Never 2 Sometimes 3 Often 4 Almost Always

It was hard for me to walk one block when I had pain. 0 Never 1 Almost Never 2 Sometimes 3 Often 4 Almost Always

It was hard to have fun when I had pain. 0 Never 1 Almost Never 2 Sometimes 3 Often 4 Almost Always

It was hard to stay standing when I had pain. 0 Never 1 Almost Never 2 Sometimes 3 Often 4 Almost Always

~ End of Questionnaire ~