

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

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

**Visual Analogue Scale (VAS)**

DIRECTIONS: You are asked to place an “X” through these lines to indicate how you are feeling RIGHT NOW. For example, suppose you have not eaten since yesterday. Where would you put the “X” on the line below?

not at all hungry \_\_\_\_\_ extremely hungry

You would probably put the “X” closer to the “extremely hungry” end of the line. This is where I put it.

not at all hungry \_\_\_\_\_ extremely hungry

**NOW PLEASE COMPLETE THE FOLLOWING ITEMS.**

not at all hungry \_\_\_\_\_ extremely hungry

not at all tired \_\_\_\_\_ extremely tired

not at all sleepy \_\_\_\_\_ extremely sleepy

not at all drowsy \_\_\_\_\_ extremely drowsy

not at all fatigued \_\_\_\_\_ extremely fatigued

not at all worn out \_\_\_\_\_ extremely worn out

not at all energetic \_\_\_\_\_ extremely energetic

not at all active \_\_\_\_\_ extremely active

not at all vigorous \_\_\_\_\_ extremely vigorous

not at all efficient \_\_\_\_\_ extremely efficient

not at all lively \_\_\_\_\_ extremely lively

not at all bushed \_\_\_\_\_ totally bushed

not all exhausted \_\_\_\_\_ totally exhausted

keeping my eyes open is no effort at all \_\_\_\_\_ keeping my eyes open is a tremendous chore

moving my body is no effort at all \_\_\_\_\_ moving my body is a tremendous chore

concentrating is no effort at all \_\_\_\_\_ concentrating is a tremendous chore

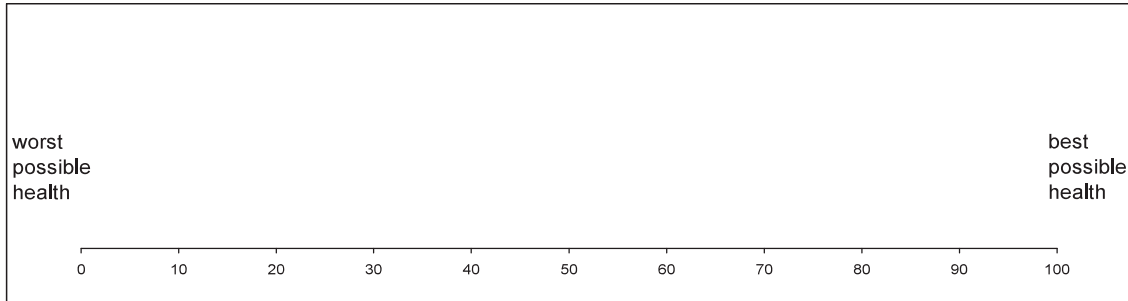
carrying on a conversation is no effort at all \_\_\_\_\_ carrying on a conversation is a tremendous chore

I have absolutely no desire to close my eyes \_\_\_\_\_ I have a tremendous desire to close my eyes

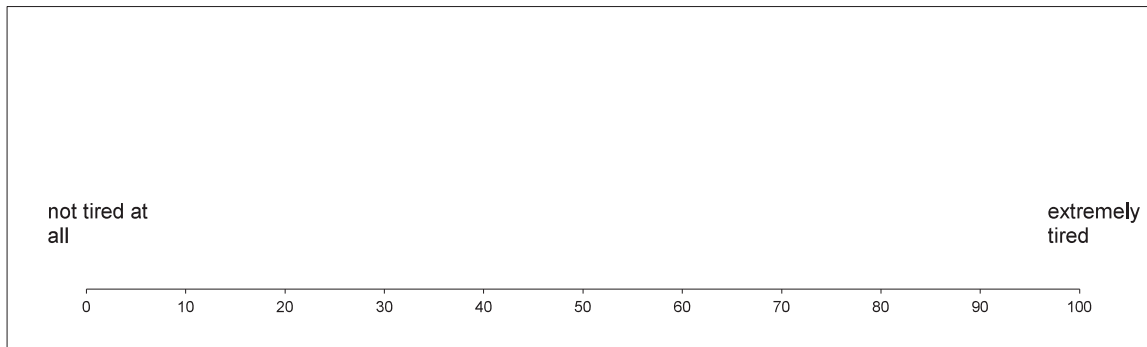
I have absolutely no desire to lie down \_\_\_\_\_ I have a tremendous desire to lie down

**General state of health:**

1. Think about your overall health today. What number between 0 and 100 best describes your health today? Please place an “X” on the scale below.



2. Think about how tired you feel today. What number between 0 and 100 best describes how tired you feel today? Please place an “X” on the scale below.



3. Circle the number of hours per day that your child spend(s) in vertical or horizontal activity.

Hours vertical of 24 hours (i.e., average time with **feet on the floor**---sitting, standing or walking)

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15+

Hours horizontal of 24 hours (i.e., average time **with feet up**--- resting in recliner, feet up, napping, sleeping in bed)

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15+

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**Physical activity and play**

Current activity level	Number of hours
How many <i>hours a week</i> does your child currently spend in physical activities/play?	
How many of the above hours are spent outdoors?	
What is his/her usual type of physical activity/play? Describe	

Describe your child's physical activity and play **before** he/she became ill with Chronic Fatigue/ME

Activity before he/she became ill with Chronic Fatigue/ME	Number of hours
How many <i>hours a week</i> did your child spend in physical activities/play <u>before</u> this illness?	
How many of the above hours are spent outdoors?	