

# 14

## Multi-Site Clinical Assessment of CFS in Children and Adolescents

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### PROMIS Pediatric Instruments: Fatigue and Pain

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

**Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ & Time: \_\_\_\_am/pm  
Month Day Year HH:MM

**Complete Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ & Time: \_\_\_\_am/pm  
Month Day Year HH:MM

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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 ~**