Comprehensive Sickle Cell Centers	**Multidimensional Fatigue Scale Parent Report for Teens (13-18)**	
Collaborative Data Project	Date Form Completed: FP13:FORMDA (DD) / FP13:FORMMO (MMM) / FP13:FORMYR (YYYY)	CSCC ID: {subject.name} Center code: {center.name} Hospital code: {center.hospital.name}

In the past ONE month, how much of a problem has this been for your child...

General Fatigue *(problems with...)*	Never	Almost Never	Some-times	Often	Almost Always
1. Feeling tired	☐ (FP13:GEN1) 0	☐ (FP13:GEN1) 1	☐ (FP13:GEN1) 2	☐ (FP13:GEN1) 3	☐ (FP13:GEN1) 4
2. Feeling physically weak (not strong)	☐ (FP13:GEN2) 0	☐ (FP13:GEN2) 1	☐ (FP13:GEN2) 2	☐ (FP13:GEN2) 3	☐ (FP13:GEN2) 4
3. Feeling too tired to do things that he/she likes to do	☐ (FP13:GEN3) 0	☐ (FP13:GEN3) 1	☐ (FP13:GEN3) 2	☐ (FP13:GEN3) 3	☐ (FP13:GEN3) 4
4. Feeling too tired to spend time with his/her friends	☐ (FP13:GEN4) 0	☐ (FP13:GEN4) 1	☐ (FP13:GEN4) 2	☐ (FP13:GEN4) 3	☐ (FP13:GEN4) 4
5. Trouble finishing things	☐ (FP13:GEN5) 0	☐ (FP13:GEN5) 1	☐ (FP13:GEN5) 2	☐ (FP13:GEN5) 3	☐ (FP13:GEN5) 4
6. Trouble starting things	☐ (FP13:GEN6)	☐ (FP13:GEN6)	☐ (FP13:GEN6)	☐ (FP13:GEN6)	☐ (FP13:GEN6)

		0	1	2	3	4
Sleep/Rest Fatigue ***(problems with...)***		Never	Almost Never	Some-times	Often	Almost Always
1.	Sleeping a lot	☐ (FP13:SLEEP1) 0	☐ (FP13:SLEEP1) 1	☐ (FP13:SLEEP1) 2	☐ (FP13:SLEEP1) 3	☐ (FP13:SLEEP1) 4
2.	Difficulty sleeping through the night	☐ (FP13:SLEEP2) 0	☐ (FP13:SLEEP2) 1	☐ (FP13:SLEEP2) 2	☐ (FP13:SLEEP2) 3	☐ (FP13:SLEEP2) 4
3.	Feeling tired when he/she wakes up in the morning	☐ (FP13:SLEEP3) 0	☐ (FP13:SLEEP3) 1	☐ (FP13:SLEEP3) 2	☐ (FP13:SLEEP3) 3	☐ (FP13:SLEEP3) 4
4.	Resting a lot	☐ (FP13:SLEEP4) 0	☐ (FP13:SLEEP4) 1	☐ (FP13:SLEEP4) 2	☐ (FP13:SLEEP4) 3	☐ (FP13:SLEEP4) 4
5.	Taking a lot of naps	☐ (FP13:SLEEP5) 0	☐ (FP13:SLEEP5) 1	☐ (FP13:SLEEP5) 2	☐ (FP13:SLEEP5) 3	☐ (FP13:SLEEP5) 4
6.	Spending a lot of time in bed	☐ (FP13:SLEEP6) 0	☐ (FP13:SLEEP6) 1	☐ (FP13:SLEEP6) 2	☐ (FP13:SLEEP6) 3	☐ (FP13:SLEEP6) 4
Cognitive Fatigue ***(problems with...)***		Never	Almost Never	Some-times	Often	Almost Always
1.	Difficulty keeping his/her attention on things	☐ (FP13:COGNI1) 0	☐ (FP13:COGNI1) 1	☐ (FP13:COGNI1) 2	☐ (FP13:COGNI1) 3	☐ (FP13:COGNI1) 4
2.	Difficulty	☐ (FP13:COGNI2)	☐ (FP13:COGNI2)	☐ (FP13:COGNI2)	☐ (FP13:COGNI2)	☐ (FP13:COGNI2)

	remembering what people tell him/her	0	1	2	3	4
3.	Difficulty remembering what he/she just heard	☐ (FP13:COGNI3) 0	☐ (FP13:COGNI3) 1	☐ (FP13:COGNI3) 2	☐ (FP13:COGNI3) 3	☐ (FP13:COGNI3) 4
4.	Difficulty thinking quickly	☐ (FP13:COGNI4) 0	☐ (FP13:COGNI4) 1	☐ (FP13:COGNI4) 2	☐ (FP13:COGNI4) 3	☐ (FP13:COGNI4) 4
5.	Trouble remembering what he/she was just thinking	☐ (FP13:COGNI5) 0	☐ (FP13:COGNI5) 1	☐ (FP13:COGNI5) 2	☐ (FP13:COGNI5) 3	☐ (FP13:COGNI5) 4
6.	Trouble remembering more than one thing at a time	☐ (FP13:COGNI6) 0	☐ (FP13:COGNI6) 1	☐ (FP13:COGNI6) 2	☐ (FP13:COGNI6) 3	☐ (FP13:COGNI6) 4

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