

Comprehensive Sickle Cell Centers	Multidimensional Fatigue Scale Parent Report for Toddlers (2-4)		
Collaborative Data Project	Date Form Completed:	<input type="text" value="FPT2:FORMDA"/> / <input type="text" value="FPT2:FORMMO"/> / <input type="text" value="FPT2:FORMYR"/> DD MMM 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	<input type="checkbox"/> (FPT2:GEN1) 0	<input type="checkbox"/> (FPT2:GEN1) 1	<input type="checkbox"/> (FPT2:GEN1) 2	<input type="checkbox"/> (FPT2:GEN1) 3	<input type="checkbox"/> (FPT2:GEN1) 4
2. Feeling physically weak (not strong)	<input type="checkbox"/> (FPT2:GEN2) 0	<input type="checkbox"/> (FPT2:GEN2) 1	<input type="checkbox"/> (FPT2:GEN2) 2	<input type="checkbox"/> (FPT2:GEN2) 3	<input type="checkbox"/> (FPT2:GEN2) 4
3. Feeling too tired to do things that he/she likes to do	<input type="checkbox"/> (FPT2:GEN3) 0	<input type="checkbox"/> (FPT2:GEN3) 1	<input type="checkbox"/> (FPT2:GEN3) 2	<input type="checkbox"/> (FPT2:GEN3) 3	<input type="checkbox"/> (FPT2:GEN3) 4
4. Feeling too tired to spend time with his/her friends	<input type="checkbox"/> (FPT2:GEN4) 0	<input type="checkbox"/> (FPT2:GEN4) 1	<input type="checkbox"/> (FPT2:GEN4) 2	<input type="checkbox"/> (FPT2:GEN4) 3	<input type="checkbox"/> (FPT2:GEN4) 4
5. Trouble finishing things	<input type="checkbox"/> (FPT2:GEN5) 0	<input type="checkbox"/> (FPT2:GEN5) 1	<input type="checkbox"/> (FPT2:GEN5) 2	<input type="checkbox"/> (FPT2:GEN5) 3	<input type="checkbox"/> (FPT2:GEN5) 4
6. Trouble starting things	<input type="checkbox"/> (FPT2:GEN6)	<input type="checkbox"/> (FPT2:GEN6)	<input type="checkbox"/> (FPT2:GEN6)	<input type="checkbox"/> (FPT2:GEN6)	<input type="checkbox"/> (FPT2:GEN6)

	0	1	2	3	4
Sleep/Rest Fatigue (problems with...)	Never	Almost Never	Some- times	Often	Almost Always
1. Sleeping a lot	<input type="checkbox"/> (FPT2:SLEEP1) 0	<input type="checkbox"/> (FPT2:SLEEP1) 1	<input type="checkbox"/> (FPT2:SLEEP1) 2	<input type="checkbox"/> (FPT2:SLEEP1) 3	<input type="checkbox"/> (FPT2:SLEEP1) 4
2. Difficulty sleeping through the night	<input type="checkbox"/> (FPT2:SLEEP2) 0	<input type="checkbox"/> (FPT2:SLEEP2) 1	<input type="checkbox"/> (FPT2:SLEEP2) 2	<input type="checkbox"/> (FPT2:SLEEP2) 3	<input type="checkbox"/> (FPT2:SLEEP2) 4
3. Feeling tired when he/she wakes up in the morning	<input type="checkbox"/> (FPT2:SLEEP3) 0	<input type="checkbox"/> (FPT2:SLEEP3) 1	<input type="checkbox"/> (FPT2:SLEEP3) 2	<input type="checkbox"/> (FPT2:SLEEP3) 3	<input type="checkbox"/> (FPT2:SLEEP3) 4
4. Resting a lot	<input type="checkbox"/> (FPT2:SLEEP4) 0	<input type="checkbox"/> (FPT2:SLEEP4) 1	<input type="checkbox"/> (FPT2:SLEEP4) 2	<input type="checkbox"/> (FPT2:SLEEP4) 3	<input type="checkbox"/> (FPT2:SLEEP4) 4
5. Taking a lot of naps	<input type="checkbox"/> (FPT2:SLEEP5) 0	<input type="checkbox"/> (FPT2:SLEEP5) 1	<input type="checkbox"/> (FPT2:SLEEP5) 2	<input type="checkbox"/> (FPT2:SLEEP5) 3	<input type="checkbox"/> (FPT2:SLEEP5) 4
6. Spending a lot of time in bed	<input type="checkbox"/> (FPT2:SLEEP6) 0	<input type="checkbox"/> (FPT2:SLEEP6) 1	<input type="checkbox"/> (FPT2:SLEEP6) 2	<input type="checkbox"/> (FPT2:SLEEP6) 3	<input type="checkbox"/> (FPT2:SLEEP6) 4

	0	1	2	3	4
Cognitive Fatigue (problems with...)	Never	Almost Never	Some- times	Often	Almost Always
1. Difficulty keeping his/her attention on	<input type="checkbox"/> (FPT2:COGNI1) 0	<input type="checkbox"/> (FPT2:COGNI1) 1	<input type="checkbox"/> (FPT2:COGNI1) 2	<input type="checkbox"/> (FPT2:COGNI1) 3	<input type="checkbox"/> (FPT2:COGNI1) 4

things

- | | | | | | | |
|----|---|---|---|---|---|---|
| 2. | Difficulty remembering what people tell him/her | <input type="checkbox"/> (FPT2:COGNI2)
0 | <input type="checkbox"/> (FPT2:COGNI2)
1 | <input type="checkbox"/> (FPT2:COGNI2)
2 | <input type="checkbox"/> (FPT2:COGNI2)
3 | <input type="checkbox"/> (FPT2:COGNI2)
4 |
| 3. | Difficulty remembering what he/she just heard | <input type="checkbox"/> (FPT2:COGNI3)
0 | <input type="checkbox"/> (FPT2:COGNI3)
1 | <input type="checkbox"/> (FPT2:COGNI3)
2 | <input type="checkbox"/> (FPT2:COGNI3)
3 | <input type="checkbox"/> (FPT2:COGNI3)
4 |
| 4. | Difficulty thinking quickly | <input type="checkbox"/> (FPT2:COGNI4)
0 | <input type="checkbox"/> (FPT2:COGNI4)
1 | <input type="checkbox"/> (FPT2:COGNI4)
2 | <input type="checkbox"/> (FPT2:COGNI4)
3 | <input type="checkbox"/> (FPT2:COGNI4)
4 |
| 5. | Trouble remembering what he/she was just thinking | <input type="checkbox"/> (FPT2:COGNI5)
0 | <input type="checkbox"/> (FPT2:COGNI5)
1 | <input type="checkbox"/> (FPT2:COGNI5)
2 | <input type="checkbox"/> (FPT2:COGNI5)
3 | <input type="checkbox"/> (FPT2:COGNI5)
4 |
| 6. | Trouble remembering more than one thing at a time | <input type="checkbox"/> (FPT2:COGNI6)
0 | <input type="checkbox"/> (FPT2:COGNI6)
1 | <input type="checkbox"/> (FPT2:COGNI6)
2 | <input type="checkbox"/> (FPT2:COGNI6)
3 | <input type="checkbox"/> (FPT2:COGNI6)
4 |

Submit Query

Cancel

Form Completion Help

Print