

<b>Comprehensive Sickle Cell Centers</b>	<b>Multidimensional Fatigue Scale Parent Report for Young Child (5-7)</b>		
<b>Collaborative Data Project</b>	Date Form Completed:	<input type="text" value="FPY5:FORMDA"/> / <input type="text" value="FPY5:FORMMO"/> / <input type="text" value="FPY5: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...***

<b>General Fatigue (problems with...)</b>	Never	Almost Never	Some- times	Often	Almost Always
1. Feeling tired	<input type="checkbox"/> (FPY5:GEN1) 0	<input type="checkbox"/> (FPY5:GEN1) 1	<input type="checkbox"/> (FPY5:GEN1) 2	<input type="checkbox"/> (FPY5:GEN1) 3	<input type="checkbox"/> (FPY5:GEN1) 4
2. Feeling physically weak (not strong)	<input type="checkbox"/> (FPY5:GEN2) 0	<input type="checkbox"/> (FPY5:GEN2) 1	<input type="checkbox"/> (FPY5:GEN2) 2	<input type="checkbox"/> (FPY5:GEN2) 3	<input type="checkbox"/> (FPY5:GEN2) 4
3. Feeling too tired to do things that he/she likes to do	<input type="checkbox"/> (FPY5:GEN3) 0	<input type="checkbox"/> (FPY5:GEN3) 1	<input type="checkbox"/> (FPY5:GEN3) 2	<input type="checkbox"/> (FPY5:GEN3) 3	<input type="checkbox"/> (FPY5:GEN3) 4
4. Feeling too tired to spend time with his/her friends	<input type="checkbox"/> (FPY5:GEN4) 0	<input type="checkbox"/> (FPY5:GEN4) 1	<input type="checkbox"/> (FPY5:GEN4) 2	<input type="checkbox"/> (FPY5:GEN4) 3	<input type="checkbox"/> (FPY5:GEN4) 4
5. Trouble finishing things	<input type="checkbox"/> (FPY5:GEN5) 0	<input type="checkbox"/> (FPY5:GEN5) 1	<input type="checkbox"/> (FPY5:GEN5) 2	<input type="checkbox"/> (FPY5:GEN5) 3	<input type="checkbox"/> (FPY5:GEN5) 4
6. Trouble starting things	<input type="checkbox"/> (FPY5:GEN6) 0	<input type="checkbox"/> (FPY5:GEN6) 1	<input type="checkbox"/> (FPY5:GEN6) 2	<input type="checkbox"/> (FPY5:GEN6) 3	<input type="checkbox"/> (FPY5:GEN6) 4

**Sleep/Rest  
Fatigue (problems  
with...)**

	Never	Almost Never	Some- times	Often	Almost Always
1. Sleeping a lot	<input type="checkbox"/> (FPY5:SLEEP1) 0	<input type="checkbox"/> (FPY5:SLEEP1) 1	<input type="checkbox"/> (FPY5:SLEEP1) 2	<input type="checkbox"/> (FPY5:SLEEP1) 3	<input type="checkbox"/> (FPY5:SLEEP1) 4
2. Difficulty sleeping through the night	<input type="checkbox"/> (FPY5:SLEEP2) 0	<input type="checkbox"/> (FPY5:SLEEP2) 1	<input type="checkbox"/> (FPY5:SLEEP2) 2	<input type="checkbox"/> (FPY5:SLEEP2) 3	<input type="checkbox"/> (FPY5:SLEEP2) 4
3. Feeling tired when he/she wakes up in the morning	<input type="checkbox"/> (FPY5:SLEEP3) 0	<input type="checkbox"/> (FPY5:SLEEP3) 1	<input type="checkbox"/> (FPY5:SLEEP3) 2	<input type="checkbox"/> (FPY5:SLEEP3) 3	<input type="checkbox"/> (FPY5:SLEEP3) 4
4. Resting a lot	<input type="checkbox"/> (FPY5:SLEEP4) 0	<input type="checkbox"/> (FPY5:SLEEP4) 1	<input type="checkbox"/> (FPY5:SLEEP4) 2	<input type="checkbox"/> (FPY5:SLEEP4) 3	<input type="checkbox"/> (FPY5:SLEEP4) 4
5. Taking a lot of naps	<input type="checkbox"/> (FPY5:SLEEP5) 0	<input type="checkbox"/> (FPY5:SLEEP5) 1	<input type="checkbox"/> (FPY5:SLEEP5) 2	<input type="checkbox"/> (FPY5:SLEEP5) 3	<input type="checkbox"/> (FPY5:SLEEP5) 4
6. Spending a lot of time in bed	<input type="checkbox"/> (FPY5:SLEEP6) 0	<input type="checkbox"/> (FPY5:SLEEP6) 1	<input type="checkbox"/> (FPY5:SLEEP6) 2	<input type="checkbox"/> (FPY5:SLEEP6) 3	<input type="checkbox"/> (FPY5:SLEEP6) 4

**Cognitive Fatigue  
(problems with...)**

	Never	Almost Never	Some- times	Often	Almost Always
1. Difficulty keeping his/her attention on things	<input type="checkbox"/> (FPY5:COGNI1) 0	<input type="checkbox"/> (FPY5:COGNI1) 1	<input type="checkbox"/> (FPY5:COGNI1) 2	<input type="checkbox"/> (FPY5:COGNI1) 3	<input type="checkbox"/> (FPY5:COGNI1) 4
2. Difficulty	<input type="checkbox"/> (FPY5:COGNI2)	<input type="checkbox"/> (FPY5:COGNI2)	<input type="checkbox"/> (FPY5:COGNI2)	<input type="checkbox"/> (FPY5:COGNI2)	<input type="checkbox"/> (FPY5:COGNI2)

remembering  
what people  
tell him/her

0

1

2

3

4

3. Difficulty  
remembering  
what he/she  
just heard

(FPY5:COGNI3)  
0

(FPY5:COGNI3)  
1

(FPY5:COGNI3)  
2

(FPY5:COGNI3)  
3

(FPY5:COGNI3)  
4

4. Difficulty  
thinking  
quickly

(FPY5:COGNI4)  
0

(FPY5:COGNI4)  
1

(FPY5:COGNI4)  
2

(FPY5:COGNI4)  
3

(FPY5:COGNI4)  
4

5. Trouble  
remembering  
what he/she  
was just  
thinking

(FPY5:COGNI5)  
0

(FPY5:COGNI5)  
1

(FPY5:COGNI5)  
2

(FPY5:COGNI5)  
3

(FPY5:COGNI5)  
4

6. Trouble  
remembering  
more than  
one thing at a  
time

(FPY5:COGNI6)  
0

(FPY5:COGNI6)  
1

(FPY5:COGNI6)  
2

(FPY5:COGNI6)  
3

(FPY5:COGNI6)  
4

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