

Comprehensive Sickle Cell Centers	Multidimensional Fatigue Scale Teen Report (13-18)		
Collaborative Data Project	Date Form Completed: <input type="text" value="FC13:FORMDA"/> / <input type="text" value="FC13:FORMMO"/> / <input type="text" value="FC13: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 you...

General Fatigue (problems with...)	Never	Almost Never	Some-times	Often	Almost Always
1. I feel tired	<input type="checkbox"/> (FC13:GEN1) 0	<input type="checkbox"/> (FC13:GEN1) 1	<input type="checkbox"/> (FC13:GEN1) 2	<input type="checkbox"/> (FC13:GEN1) 3	<input type="checkbox"/> (FC13:GEN1) 4
2. I feel physically weak (not strong)	<input type="checkbox"/> (FC13:GEN2) 0	<input type="checkbox"/> (FC13:GEN2) 1	<input type="checkbox"/> (FC13:GEN2) 2	<input type="checkbox"/> (FC13:GEN2) 3	<input type="checkbox"/> (FC13:GEN2) 4
3. I feel too tired to do things that I like to do	<input type="checkbox"/> (FC13:GEN3) 0	<input type="checkbox"/> (FC13:GEN3) 1	<input type="checkbox"/> (FC13:GEN3) 2	<input type="checkbox"/> (FC13:GEN3) 3	<input type="checkbox"/> (FC13:GEN3) 4
4. I feel too tired to spend time with my friends	<input type="checkbox"/> (FC13:GEN4) 0	<input type="checkbox"/> (FC13:GEN4) 1	<input type="checkbox"/> (FC13:GEN4) 2	<input type="checkbox"/> (FC13:GEN4) 3	<input type="checkbox"/> (FC13:GEN4) 4
5. I have trouble finishing things	<input type="checkbox"/> (FC13:GEN5) 0	<input type="checkbox"/> (FC13:GEN5) 1	<input type="checkbox"/> (FC13:GEN5) 2	<input type="checkbox"/> (FC13:GEN5) 3	<input type="checkbox"/> (FC13:GEN5) 4
6. I have trouble starting things	<input type="checkbox"/> (FC13:GEN6) 0	<input type="checkbox"/> (FC13:GEN6) 1	<input type="checkbox"/> (FC13:GEN6) 2	<input type="checkbox"/> (FC13:GEN6) 3	<input type="checkbox"/> (FC13:GEN6) 4

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

	Never	Almost Never	Some- times	Often	Almost Always
1. I sleep a lot	<input type="checkbox"/> (FC13:SLEEP1) 0	<input type="checkbox"/> (FC13:SLEEP1) 1	<input type="checkbox"/> (FC13:SLEEP1) 2	<input type="checkbox"/> (FC13:SLEEP1) 3	<input type="checkbox"/> (FC13:SLEEP1) 4
2. It is hard for me to sleep through the night	<input type="checkbox"/> (FC13:SLEEP2) 0	<input type="checkbox"/> (FC13:SLEEP2) 1	<input type="checkbox"/> (FC13:SLEEP2) 2	<input type="checkbox"/> (FC13:SLEEP2) 3	<input type="checkbox"/> (FC13:SLEEP2) 4
3. I feel tired when I wake up in the morning	<input type="checkbox"/> (FC13:SLEEP3) 0	<input type="checkbox"/> (FC13:SLEEP3) 1	<input type="checkbox"/> (FC13:SLEEP3) 2	<input type="checkbox"/> (FC13:SLEEP3) 3	<input type="checkbox"/> (FC13:SLEEP3) 4
4. I rest a lot	<input type="checkbox"/> (FC13:SLEEP4) 0	<input type="checkbox"/> (FC13:SLEEP4) 1	<input type="checkbox"/> (FC13:SLEEP4) 2	<input type="checkbox"/> (FC13:SLEEP4) 3	<input type="checkbox"/> (FC13:SLEEP4) 4
5. I take a lot of naps	<input type="checkbox"/> (FC13:SLEEP5) 0	<input type="checkbox"/> (FC13:SLEEP5) 1	<input type="checkbox"/> (FC13:SLEEP5) 2	<input type="checkbox"/> (FC13:SLEEP5) 3	<input type="checkbox"/> (FC13:SLEEP5) 4
6. I spend a lot of time in bed	<input type="checkbox"/> (FC13:SLEEP6) 0	<input type="checkbox"/> (FC13:SLEEP6) 1	<input type="checkbox"/> (FC13:SLEEP6) 2	<input type="checkbox"/> (FC13:SLEEP6) 3	<input type="checkbox"/> (FC13:SLEEP6) 4

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

	Never	Almost Never	Some- times	Often	Almost Always
1. It is hard for me to keep my attention on things	<input type="checkbox"/> (FC13:COGNI1) 0	<input type="checkbox"/> (FC13:COGNI1) 1	<input type="checkbox"/> (FC13:COGNI1) 2	<input type="checkbox"/> (FC13:COGNI1) 3	<input type="checkbox"/> (FC13:COGNI1) 4
2. It is hard for me to remember	<input type="checkbox"/> (FC13:COGNI2) 0	<input type="checkbox"/> (FC13:COGNI2) 1	<input type="checkbox"/> (FC13:COGNI2) 2	<input type="checkbox"/> (FC13:COGNI2) 3	<input type="checkbox"/> (FC13:COGNI2) 4

what people
tell me

- | | | | | | | |
|----|---|---|---|---|---|---|
| 3. | It is hard for
me to
remember
what I just
heard | <input type="checkbox"/> (FC13:COGNI3)
0 | <input type="checkbox"/> (FC13:COGNI3)
1 | <input type="checkbox"/> (FC13:COGNI3)
2 | <input type="checkbox"/> (FC13:COGNI3)
3 | <input type="checkbox"/> (FC13:COGNI3)
4 |
| 4. | It is hard for
me to think
quickly | <input type="checkbox"/> (FC13:COGNI4)
0 | <input type="checkbox"/> (FC13:COGNI4)
1 | <input type="checkbox"/> (FC13:COGNI4)
2 | <input type="checkbox"/> (FC13:COGNI4)
3 | <input type="checkbox"/> (FC13:COGNI4)
4 |
| 5. | I have trouble
remembering
what I was just
thinking | <input type="checkbox"/> (FC13:COGNI5)
0 | <input type="checkbox"/> (FC13:COGNI5)
1 | <input type="checkbox"/> (FC13:COGNI5)
2 | <input type="checkbox"/> (FC13:COGNI5)
3 | <input type="checkbox"/> (FC13:COGNI5)
4 |
| 6. | I have trouble
remembering
more than one
thing at a time | <input type="checkbox"/> (FC13:COGNI6)
0 | <input type="checkbox"/> (FC13:COGNI6)
1 | <input type="checkbox"/> (FC13:COGNI6)
2 | <input type="checkbox"/> (FC13:COGNI6)
3 | <input type="checkbox"/> (FC13:COGNI6)
4 |

Submit Query

Cancel

Form Completion Help

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