

<b>Comprehensive Sickle Cell Centers</b>	<b>Multidimensional Fatigue Scale Young Child Report (5-7)</b>	
<b>Collaborative Data Project</b>	Date Form Completed: <input type="text" value="FCY5:FORMDA"/> / <input type="text" value="FCY5:FORMMO"/> / <input type="text" value="FCY5:FORMYR"/> DD                                    MMM                                    YYYY	CSCC ID: {subject.name} Center code: {center.name} Hospital code: {center.hospital.name}

***Think about how you have been doing for the last few weeks. Please listen carefully to each sentence and tell me how much of a problem this is for you.***

**After reading the item, gesture to the template. If the child hesitates or does not seem to understand how to answer, read the response options while pointing at the faces.**

<b>General Fatigue (problems with...)</b>	Not At All	Sometimes	A lot
1. Do you feel tired	<input type="checkbox"/> (FCY5:GEN1) 0	<input type="checkbox"/> (FCY5:GEN1) 2	<input type="checkbox"/> (FCY5:GEN1) 4
2. Do you feel physically weak (not strong)	<input type="checkbox"/> (FCY5:GEN2) 0	<input type="checkbox"/> (FCY5:GEN2) 2	<input type="checkbox"/> (FCY5:GEN2) 4
3. Do you feel too tired to do things that you like to do	<input type="checkbox"/> (FCY5:GEN3) 0	<input type="checkbox"/> (FCY5:GEN3) 2	<input type="checkbox"/> (FCY5:GEN3) 4
4. Do you feel too tired to spend time with your friends	<input type="checkbox"/> (FCY5:GEN4) 0	<input type="checkbox"/> (FCY5:GEN4) 2	<input type="checkbox"/> (FCY5:GEN4) 4
5. Do you have trouble finishing things	<input type="checkbox"/> (FCY5:GEN5) 0	<input type="checkbox"/> (FCY5:GEN5) 2	<input type="checkbox"/> (FCY5:GEN5) 4
6. Do you have trouble starting things	<input type="checkbox"/> (FCY5:GEN6) 0	<input type="checkbox"/> (FCY5:GEN6) 2	<input type="checkbox"/> (FCY5:GEN6) 4

<b>Sleep/Rest Fatigue (problems with...)</b>	Not At All	Sometimes	A lot
1. Do you sleep a lot	<input type="checkbox"/> (FCY5:SLEEP1) 0	<input type="checkbox"/> (FCY5:SLEEP1) 2	<input type="checkbox"/> (FCY5:SLEEP1) 4
2. Is it hard for you to sleep through the night	<input type="checkbox"/> (FCY5:SLEEP2) 0	<input type="checkbox"/> (FCY5:SLEEP2) 2	<input type="checkbox"/> (FCY5:SLEEP2) 4
3. Do you feel tired when you wake up in the morning	<input type="checkbox"/> (FCY5:SLEEP3) 0	<input type="checkbox"/> (FCY5:SLEEP3) 2	<input type="checkbox"/> (FCY5:SLEEP3) 4
4. Do you rest a lot	<input type="checkbox"/> (FCY5:SLEEP4) 0	<input type="checkbox"/> (FCY5:SLEEP4) 2	<input type="checkbox"/> (FCY5:SLEEP4) 4
5. Do you take a lot of naps	<input type="checkbox"/> (FCY5:SLEEP5) 0	<input type="checkbox"/> (FCY5:SLEEP5) 2	<input type="checkbox"/> (FCY5:SLEEP5) 4
6. Do you spend a lot of time in bed	<input type="checkbox"/> (FCY5:SLEEP6) 0	<input type="checkbox"/> (FCY5:SLEEP6) 2	<input type="checkbox"/> (FCY5:SLEEP6) 4

<b>Cognitive Fatigue (problems with...)</b>	Not At All	Sometimes	A lot
1. Is it hard for you to keep your attention on things	<input type="checkbox"/> (FCY5:COGNI1) 0	<input type="checkbox"/> (FCY5:COGNI1) 2	<input type="checkbox"/> (FCY5:COGNI1) 4

2. Is it hard for you to remember what people tell you  (FCY5:COGNI2) 0  (FCY5:COGNI2) 2  (FCY5:COGNI2) 4
3. Is it hard for you to remember what you just heard  (FCY5:COGNI3) 0  (FCY5:COGNI3) 2  (FCY5:COGNI3) 4
4. Is it hard for you to think quickly  (FCY5:COGNI4) 0  (FCY5:COGNI4) 2  (FCY5:COGNI4) 4
5. Do you have trouble remembering what you were just thinking  (FCY5:COGNI5) 0  (FCY5:COGNI5) 2  (FCY5:COGNI5) 4
6. Do you have trouble remembering more than one thing at a time  (FCY5:COGNI6) 0  (FCY5:COGNI6) 2  (FCY5:COGNI6) 4

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