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|---|--------------------------|-----------------------|
|  | Participant ID: _____ | Pin # _____ |
| | Discovery Site: _____ | Clinical Center _____ |
| | CRF Date: ____/____/____ | Visit #: _____ |

PROMIS Item Bank v. 1.0

Fatigue - Short Form

Participant completes this form via online survey at **ALL Clinic and Online contacts.**

Please respond to each question by marking one box per row.

In the past 7 days...

| | Never | Rarely | Sometimes | Often | Always |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 1. How often did you feel tired? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 2. How often did you experience extreme exhaustion? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 3. How often did you run out of energy? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 4. How often did your fatigue limit you at work (include work at home)? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 5. How often were you too tired to think clearly? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 6. How often were you too tired to take a bath or shower? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 7. How often did you have enough energy to exercise strenuously? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

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