	Participant ID: __ __ __ __ __ __	Pin # __ __ __ __
	Discovery Site: __ __	Clinical Center __ __
	CRF Date: __ __/__ __/__ __ __ __	Visit #: __ __

PROMIS Item Bank v. 1.0

Fatigue - Short Form

Participant completes at Baseline, Bi-monthly, Six-month, and Twelve-month 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?	❑1	❑2	❑3	❑4	❑5
2.	How often did you experience extreme exhaustion?	❑1	❑2	❑3	❑4	❑5
3.	How often did you run out of energy?	❑1	❑2	❑3	❑4	❑5
4.	How often did your fatigue limit you at work (include work at home)?	❑1	❑2	❑3	❑4	❑5
5.	How often were you too tired to think clearly?	❑1	❑2	❑3	❑4	❑5
6.	How often were you too tired to take a bath or shower?	❑1	❑2	❑3	❑4	❑5
7.	How often did you have enough energy to exercise strenuously?	❑1	❑2	❑3	❑4	❑5

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