



PedsQL™ - Multidimensional Fatigue Scale

Young Child Report (ages 5-7)

Patient ID \_\_\_ - \_\_\_ - \_\_\_

Date of evaluation (mm/dd/yy): \_\_\_ / \_\_\_ / \_\_\_

Follow-up time-point:  6 Month  12 Month

Instructions for interviewer:

*“I am going to ask you some questions about things that might be a problem for some children. I want to know how much of a problem any of these things might be for you.”*

Show the child the template and point to the responses as you read.

- If it is not at all a problem for you, point to the smiling face*
- If it is sometimes a problem for you, point to the middle face*
- If it is a problem for you a lot, point to the frowning face*

*I will read each question. Point to the pictures to show me how much of a problem it is for you. Let’s try a practice one first.*

	Not at all	Sometimes	A lot
Is it hard for you to snap your fingers	☺	☹	☠

Ask the child to demonstrate snapping his or her fingers to determine whether or not the question was answered correctly. Repeat the question if the child demonstrates a response that is different from his or her action.

# How much of a problem is this for you?

Not at all



Sometimes



A lot





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Date of evaluation (mm/dd/yy): \_\_\_ / \_\_\_ / \_\_\_

Follow-up time-point:  6 Month  12 Month

**Think about how you have been doing for the past 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.

General Fatigue ( <i>problems with...</i> )	Never	Some-times	Almost Always
1. Do you feel tired	0	2	4
2. Do you feel physically weak (not strong)	0	2	4
3. Do you feel too tired to do things that you like to do	0	2	4
4. Do you feel too tired to spend time with your friends	0	2	4
5. Do you have trouble finishing things	0	2	4
6. Do you have trouble starting things	0	2	4

**Remember, tell me how much of a problem this has been for you for the last few weeks**

Sleep/Rest Fatigue ( <i>problems with...</i> )	Never	Some-times	Almost Always
1. Do you sleep a lot	0	2	4
2. Is it hard for you to sleep through the night	0	2	4
3. Do you feel tired when you wake up in the morning	0	2	4
4. Do you rest a lot	0	2	4
5. Do you take a lot of naps	0	2	4
6. Do you spend a lot of time in bed	0	2	4

Cognitive Fatigue ( <i>problems with...</i> )	Never	Some-times	Almost Always
1. Is it hard for you to keep your attention on things	0	2	4
2. Is it hard for you to remember what people tell you	0	2	4
3. Is it hard for you to remember what you just heard	0	2	4
4. Is it hard for you to think quickly	0	2	4
5. Do you have trouble remembering what you were just thinking	0	2	4
6. Do you have trouble remembering more than one thing at a time	0	2	4