SURVEY



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Fatigue

	1.	Throughout our lives, most of us have times when we feel very tired or fatigued. Have you felt unusually tired or fatigued in the last week?													
	Yes				No]								
	2.		_	_			iredness) e past 24		_	one nur	nber tha	t best d	escribes		
		0	1	2	3	4	5	6	7	8	9	10			
No fatigue													ad as you imagine		
	3.		_	_			iredness) ne past 24		_	one nur	nber tha	t best d	escribes		
		0	1	2	3	4	5	6	7	8	9	10			
	fatig										ad as you imagine				
Phy	/sica	l Well	-being												
									Not at all	A little bit	Some- what	Quite a bit	Very much		
	4.	I have	pain						0	1	2	3	4		
	5.	I am l	oothere	d hy sidd	a effects	of treat		Not at all 0	A little bit 1	Some- what 2	Quite a bit 3	Very much 4			
				-	- criccis	or treat	mem		Ü	_	2	3	-		
Em	otio	nal W	ell-bein	g											
	6.	I am satisfied with how I'm coping with my illness								A little bit 1	Some- what 2	Quite a bit 3	Very much 4		
Fur	nctio	nal W	ell-bein	g											
									Not at all	A little	Some-	Quite a bit	Very		
	7.	I am able to work (include work at home)								bit 1	what 2	3	much 4		
									Not at all	A little bit	Some- what	Quite a bit	Very much		
	8.	My w	ork (inc	lude wo	rk at ho	me) is fu	lfilling		0	1	2	3	4		

Form continued on next page >>

SURVEY



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9. I am sleeping well	at all	bit 1	what 2	a bit	much 4
10. I am content with the quality of my life right now	Not at all O	A little bit 1	Some- what 2	Quite a bit 3	Very much 4
Additional Concerns					
11. I have been short of breath	Not at all O	A little bit 1	Some- what 2	Quite a bit 3	Very much 4
12. Other:					