**Short Survey on Fatigue and Sleep Problems**

**Demographic Information**

**Age\_\_\_\_\_\_\_\_**

**What is your gender?** Male\_\_\_\_\_ Female\_\_\_\_\_

**Race**



**Medicare** Yes\_\_\_\_ No\_\_\_\_

**Medicaid** Yes\_\_\_\_ No\_\_\_\_

**What is your current marital status**



**Medical Diagnoses (select all that apply)**



**PROMIS Measures**



