Short Survey on Fatigue and Sleep Problems

ID 101

Demographic Information

Age 48

What is your gender? Male X Female_____

Race

_____ Asian/Pacific Islander
_____ Black/African American
_____ Hispanic
_____ Native American
X White
_____ Multi-Racial
_____ Other

Medicare Yes____ No X

Medicaid Yes____ No X

What is your current marital status

_____ Married
_____ Long term commitment
_____ Widowed
X Divorced or Separated
_____ Never married

Medical Diagnoses (select all that apply)

Asthma		Celiac Disease	
Depression	X	Traumatic Brain Injury	
Hypertension	X	Seizure Disorder	
Speech Defects		Hearing Impairment	
Substance Use Disorders		Congenital Heart Defects, all	
HPV infection		Cerebral Palsy	
Intellectual Disability		Familial Hypercholesterolemia	
Mental Retardation		Diabetes Mellitus, Type I	
Autism Spectrum Disorder		Ventricular Septal Defect	
Tourette syndrome		Cancer (all types)	

Other diagnoses (please specify) _____

PROMIS Measures

Fatigue – Short Form 8a

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

During the past 7 days…	Not at all	A little bit	Somewhat	Quite a bit	Very much
1 I feel fatigued	○	●	○	○	○
2 I have trouble starting things because I am tired	○	●	○	○	○
In the past 7 days…	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very much**
3 How run-down did you feel on average?	○	○	●	○	○
4 How fatigued were you on average?	○	○	●	○	○
5 How much were you bothered by your fatigue on average?	○	●	○	○	○
6 To what degree did your fatigue interfere with your physical functioning?	●	○	○	○	○
In the past 7 days…	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**
7 How often did you have to push yourself to get things done because of your fatigue?	○	●	○	○	○
8 How often did you have trouble finishing things because of your fatigue?	○	●	○	○	○

Sleep Disturbance – Short Form 8a

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

In the past 7 days…	Very poor	Poor	Fair	Good	Very Good
1 My sleep quality was	○	○	○	○	●
In the past 7 days…	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very much**
2 My sleep was refreshing.	○	○	○	●	○
3 I had a problem with my sleep	●	○	○	○	○
4 I had difficulty falling asleep	○	●	○	○	○
5 My sleep was restless	●	○	○	○	○
6 I tried hard to get to sleep	●	○	○	○	○
7 I worried about not being able to fall asleep	●	○	○	○	○
8 I was satisfied with my sleep	○	○	○	●	○

Short Survey on Fatigue and Sleep Problems

ID 102

Demographic Information

Age 56

What is your gender? Male_____ Female X

Race

_____ Asian/Pacific Islander
X Black/African American
_____ Hispanic
_____ Native American
_____ White
_____ Multi-Racial
_____ Other

Medicare Yes____ No X

Medicaid Yes X No____

What is your current marital status

X Married
_____ Long term commitment
_____ Widowed
_____ Divorced or Separated
_____ Never married

Medical Diagnoses (select all that apply)

Asthma		Celiac Disease	X
Depression		Traumatic Brain Injury	
Hypertension		Seizure Disorder	
Speech Defects		Hearing Impairment	
Substance Use Disorders		Congenital Heart Defects, all	
HPV infection		Cerebral Palsy	
Intellectual Disability		Familial Hypercholesterolemia	
Mental Retardation		Diabetes Mellitus, Type I	
Autism Spectrum Disorder		Ventricular Septal Defect	
Tourette syndrome		Cancer (all types)	

Other diagnoses (please specify) Type II Diabetes

PROMIS Measures

Fatigue – Short Form 8a

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

During the past 7 days…	Not at all	A little bit	Somewhat	Quite a bit	Very much
1 I feel fatigued	○	○	●	○	○
2 I have trouble starting things because I am tired	○	●	○	○	○
In the past 7 days…	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very much**
3 How run-down did you feel on average?	○	○	○	●	○
4 How fatigued were you on average?	○	○	○	●	○
5 How much were you bothered by your fatigue on average?	○	○	○	●	○
6 To what degree did your fatigue interfere with your physical functioning?	○	●	○	○	○
In the past 7 days…	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**
7 How often did you have to push yourself to get things done because of your fatigue?	○	○	●	○	○
8 How often did you have trouble finishing things because of your fatigue?	○	●	○	○	○

Sleep Disturbance – Short Form 8a

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

In the past 7 days…	Very poor	Poor	Fair	Good	Very Good
1 My sleep quality was	○	○	○	●	○
In the past 7 days…	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very much**
2 My sleep was refreshing.	○	○	○	●	○
3 I had a problem with my sleep	○	○	○	○	○
4 I had difficulty falling asleep	○	●	○	○	○
5 My sleep was restless	○	○	●	○	○
6 I tried hard to get to sleep	○	●	○	○	○
7 I worried about not being able to fall asleep	●	○	○	○	○
8 I was satisfied with my sleep	○	○	○	●	○

Short Survey on Fatigue and Sleep Problems

ID 103

Demographic Information

Age 51

What is your gender? Male X Female_____

Race

_____ Asian/Pacific Islander
_____ Black/African American
_____ Hispanic
_____ Native American
_____ White
_____ Multi-Racial
_____ Other

Medicare Yes____ No X

Medicaid Yes X No____

What is your current marital status

_____ Married
_____ Long term commitment
_____ Widowed
_____ Divorced or Separated
X Never married

Medical Diagnoses (select all that apply)

Asthma		Celiac Disease	
Depression	X	Traumatic Brain Injury	
Hypertension		Seizure Disorder	
Speech Defects		Hearing Impairment	
Substance Use Disorders	X	Congenital Heart Defects, all	
HPV infection		Cerebral Palsy	
Intellectual Disability		Familial Hypercholesterolemia	
Mental Retardation		Diabetes Mellitus, Type I	
Autism Spectrum Disorder		Ventricular Septal Defect	
Tourette syndrome		Cancer (all types)	

Other diagnoses (please specify) Arthritis

PROMIS Measures

Fatigue – Short Form 8a

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

During the past 7 days…	Not at all	A little bit	Somewhat	Quite a bit	Very much
1 I feel fatigued	○	●	○	○	○
2 I have trouble starting things because I am tired	●	○	○	○	○
In the past 7 days…	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very much**
3 How run-down did you feel on average?	○	●	○	○	○
4 How fatigued were you on average?	○	○	●	○	○
5 How much were you bothered by your fatigue on average?	○	●	○	○	○
6 To what degree did your fatigue interfere with your physical functioning?	○	●	○	○	○
In the past 7 days…	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**
7 How often did you have to push yourself to get things done because of your fatigue?	○	○	●	○	○
8 How often did you have trouble finishing things because of your fatigue?	○	●	○	○	○

Sleep Disturbance – Short Form 8a

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

In the past 7 days…	Very poor	Poor	Fair	Good	Very Good
1 My sleep quality was	○	○	●	○	○
In the past 7 days…	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very much**
2 My sleep was refreshing.	○	○	○	●	○
3 I had a problem with my sleep	○	●	○	○	○
4 I had difficulty falling asleep	●	○	○	○	○
5 My sleep was restless	○	○	●	○	○
6 I tried hard to get to sleep	●	○	○	○	○
7 I worried about not being able to fall asleep	●	○	○	○	○
8 I was satisfied with my sleep	○	○	●	○	○