Parent Proxy Fatigue – Short Form 10a

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

	In the past 7 days…	**Never**	**Almost Never**	**Sometimes**	**Often**	**Almost Always**
Pf4fatigue12r	Being tired made it hard for my child to play or go out with friends as much as he/she would like.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf4fatigue8r	My child felt weak	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf4fatigue3r	My child got tired easily	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf2fatigue8r	Being tired made it hard for my child to keep up with schoolwork	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf2fatigue4r	My child had trouble finishing things because he/she was too tired	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf3fatigue7r	My child had trouble starting things because he/she was too tired	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf3fatigue12r	My child was so tired it was hard for him/her to pay attention	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf3fatigue8r	My child was too tired to do sports or exercise.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf3fatigue4r	My child was too tired to do things outside	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf4fatigue4r	My child was too tired to enjoy the things he/she likes to do.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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