Pediatric 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
4239aR2r	Being tired made it hard for me to keep up with my schoolwork	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4212R1r	Being tired made it hard for me to play or go out with my friends as much as I'd like	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4213R1r	I felt weak	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2876R1r	I got tired easily	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4221R1r	I had trouble finishing things because I was too tired.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4220R1r	I had trouble starting things because I was too tired.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4210R2r	I was so tired it was hard for me to pay attention	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4241R2r	I was too tired to do sports or exercise	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4208bR2r	I was too tired to do things outside.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4196R1r	I was too tired to enjoy the things I like to do	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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