Name: _____ **ID:** | | | | | | | | | | | | |

Site Number: _____ **Today's Date:** mm / dd / yyyy

I. Using the following scale, indicate for each item the level of severity **over the past week** by checking the appropriate box.

0: No problem
1: Slight or mild problems; generally mild or intermittent
2: Moderate; considerable problems; often present and/or at a moderate level
3: Severe; continuous, life-disturbing problems

Fatigue	☐ 0	☐ 1	☐ 2	☐ 3
Trouble thinking or remembering	☐ 0	☐ 1	☐ 2	☐ 3
Waking up tired (unrefreshed)	☐ 0	☐ 1	☐ 2	☐ 3

II. During the **past 6 months** have you been bothered by any of the following symptoms?

Pain or cramps in lower abdomen	☐ Yes	☐ No
Depression	☐ Yes	☐ No
Headache	☐ Yes	☐ No

III. Please indicate below if you have had **pain or tenderness over the past 7 days** in each of the areas listed below. Please make an X in the box if you have had pain or tenderness. Be sure to mark both right side and left side separately.

☐ Shoulder, Lt. ☐ Shoulder, Rt.	☐ Upper Leg, Lt. ☐ Upper Leg, Rt.	☐ Lower Back ☐ Upper Back ☐ Neck
☐ Hip, Lt. ☐ Hip, Rt.	☐ Lower Leg, Lt. ☐ Lower Leg, Rt.	
☐ Upper Arm, Lt. ☐ Upper Arm, Rt.	☐ Jaw, Lt. ☐ Jaw, Rt.	☐ No pain in any of these areas
☐ Lower Arm, Lt. ☐ Lower Arm, Rt.	☐ Chest ☐ Abdomen	

IV. Overall, were the symptoms listed in I - III above generally present for at **least 3 months**? ☐ Yes ☐ No