

DePaul Symptom Questionnaire 2.0 (DSQ-2)

This survey is for illustrative purposes only. Please do not provide personal health information.

Study ID

1 What is your height (in inches)?

2 What is your weight (in pounds)?

3 Date of Birth

(To enter a date, you can click on the calendar icon or type a date into the text box. If you type the date, please use the following format: mm-dd-yyyy)

4 Gender

- Male
 Female
 Other
-

5 To which of the following race(s) do you belong? (Select an answer by clicking inside the box)

- Black, African-American
 White
 American Indian or Alaska Native
 Asian or Pacific Islander
 Other
-

a. If Other, please specify race

6 Are you of Latino or Hispanic origin?

- Yes
 No
-

7 What is your current marital status?

- Married or living with partner
 Separated
 Widowed
 Divorced
 Never married

8 Do you have any children?

- Yes
- No

a. How many children do you have?

(Please enter a number (not text))

b. How many of your children are under 18 years old?

(Please enter a number (not text))

9 How many people live in your home?

(Please enter a number (not text))

10 What grade or degree have you completed in school?

- Less than high school
- Some high school
- High school degree or GED
- Partial college (at least one year) or specialized training
- Standard college degree
- Graduate or professional degree including masters and doctorate

11 What is your current work status?
Select all that apply.

- On disability
- Student
- Homemaker
- Retired
- Unemployed
- Working part-time
- Working full-time

a. If you are on disability, for what condition do you receive disability compensation? (Please Specify)

12 What is your current occupation?

a. If you are currently not working, what was your most recent occupation?

For the following questions, we would like to know how often you have had each symptom and how much each symptom has bothered you over the last 6 months. For each symptom please select one number for frequency and one number for severity.

13 Fatigue / Extreme tiredness

Frequency: Throughout the past 6 months how often have you had fatigue / extreme tiredness?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has fatigue / extreme tiredness bothered you?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

14 Dead, heavy feeling after starting to exercise

Frequency: Throughout the past 6 months how often have you had a dead, heavy feeling after starting to exercise?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has a dead, heavy feeling after starting to exercise bothered you?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

15 Next day soreness or fatigue after non-strenuous, everyday activities

Frequency: Throughout the past 6 months, how often have you had next day soreness or fatigue after non-strenuous, everyday activities?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has next day soreness or fatigue after non-strenuous, everyday activities bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

16 Mentally tired after the slightest effort

Frequency: Throughout the past 6 months, how often have you felt mentally tired after the slightest effort?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much has feeling mentally tired after the slightest effort bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

17 Minimum exercise makes you physically tired

Frequency: Throughout the past 6 months, how often has minimum exercise made you physically tired?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much has minimum exercise making you physically tired bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

18 Physically drained or sick after mild activity

Frequency: Throughout the past 6 months, how often have you felt physically drained or sick after mild activity?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has feeling physically drained or sick after mild activity bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

19 Feeling unrefreshed after you wake up in the morning

Frequency: Throughout the past 6 months, how often have you felt unrefreshed after you wake up in the morning?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much has feeling unrefreshed after you wake up in the morning bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

20 Needing to nap daily

Frequency: Throughout the past 6 months, how often have you needed to nap daily?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much has needing to nap daily bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

21 Problems falling asleep

Frequency: Throughout the past 6 months, how often have you had problems falling asleep?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much have problems falling asleep bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

22 Problems staying asleep

Frequency: Throughout the past 6 months, how often have you had problems staying asleep?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much have problems staying asleep bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

23 Waking up early in the morning (e.g., 3:00am)

Frequency: Throughout the past 6 months, how often have you woken up early in the morning (e.g. 3am)?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much has waking up early in the morning (e.g. 3am) bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

24 Sleeping all day and staying awake all night

Frequency: Throughout the past 6 months, how often have you slept all day and stayed awake all night?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has sleeping all day and staying awake all night bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

25 Pain or aching in your muscles

Frequency: Throughout the past 6 months, how often have you had pain or aching in your muscles?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much has pain or aching in your muscles bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

26 Pain / stiffness / tenderness in more than one joint without swelling or redness

Frequency: Throughout the past 6 months, how often have you had pain / stiffness / tenderness in more than one joint without swelling or redness?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much has pain / stiffness / tenderness in more than one joint without swelling or redness bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

27 Eye pain

Frequency: Throughout the past 6 months, how often have you had eye pain?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has eye pain bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

28 Chest pain

Frequency: Throughout the past 6 months, how often have you had chest pain?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much has chest pain bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

29 Bloating

Frequency: Throughout the past 6 months, how often have you had bloating?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much has bloating bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

30 Abdomen / Stomach pain

Frequency: Throughout the past 6 months, how often have you had abdomen / stomach pain?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has abdomen / stomach pain bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

31 Headaches

Frequency: Throughout the past 6 months, how often have you had headaches?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much have headaches bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

32 Muscle twitches

Frequency: Throughout the past 6 months, how often have you had muscle twitches?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much have muscle twitches bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

33 Muscle weakness

Frequency: Throughout the past 6 months, how often have you had muscle weakness?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has muscle weakness bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

34 Sensitivity to noise

Frequency: Throughout the past 6 months, how often have you had sensitivity to noise?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much has sensitivity to noise bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

35 Sensitivity to bright lights

Frequency: Throughout the past 6 months, how often have you had sensitivity to bright lights?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much has sensitivity to bright lights bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

36 Problems remembering things

Frequency: Throughout the past 6 months, how often have you had problems remembering things?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much have problems remembering things bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

37 Difficulty paying attention for a long period of time.

Frequency: Throughout the past 6 months, how often have you had difficulty paying attention for a long period of time?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much has difficulty paying attention for a long period of time bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

38 Difficulty finding the right word to say or expressing thoughts

Frequency: Throughout the past 6 months, how often have you had difficulty finding the right word to say or expressing thoughts?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much has difficulty finding the right word to say or expressing thoughts bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

39 Difficulty understanding things

Frequency: Throughout the past 6 months, how often have you had difficulty understanding things?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has difficulty understanding things bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

40 Only able to focus on one thing at a time

Frequency: Throughout the past 6 months, how often have you only been able to focus on one thing at a time?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much has only being able to focus on one thing at a time bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

41 Unable to focus vision

Frequency: Throughout the past 6 months, how often have you been unable to focus your vision?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much has being unable to focus your vision bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

42 Unable to focus attention

Frequency: Throughout the past 6 months, how often have you been unable to focus your attention?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has being unable to focus your attention bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

43 Loss of depth perception

Frequency: Throughout the past 6 months, how often have you had loss of depth perception?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much has loss of depth perception bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

44 Slowness of thought

Frequency: Throughout the past 6 months, how often have you had slowness of thought?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much has slowness of thought bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

45 Absent-mindedness or forgetfulness

Frequency: Throughout the past 6 months, how often have you had absent-mindedness or forgetfulness?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has absent-mindedness or forgetfulness bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

46 Bladder problems

Frequency: Throughout the past 6 months, how often have you had bladder problems?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much have bladder problems bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

47 Irritable bowel problems

Frequency: Throughout the past 6 months, how often have you had irritable bowel problems?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much have irritable bowel problems bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

48 Nausea

Frequency: Throughout the past 6 months, how often have you had nausea?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has nausea bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

49 Feeling unsteady on your feet, like you might fall

Frequency: Throughout the past 6 months, how often have you felt unsteady on your feet, like you might fall?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much has feeling unsteady on your feet, like you might fall bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

50 Shortness of breath or trouble catching your breath

Frequency: Throughout the past 6 months, how often have you had shortness of breath or trouble catching your breath?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much has shortness of breath or trouble catching your breath bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

51 Dizziness or fainting

Frequency: Throughout the past 6 months, how often have you had dizziness or fainting?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has dizziness or fainting bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

52 Irregular heart beats

Frequency: Throughout the past 6 months, how often have you had irregular heartbeats?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much have irregular heartbeats bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

53 Losing weight without trying

Frequency: Throughout the past 6 months, how often have you lost weight without trying?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much has losing weight without trying bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

54 Gaining weight without trying

Frequency: Throughout the past 6 months, how often have you gained weight without trying?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has gaining weight without trying bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

55 No appetite

Frequency: Throughout the past 6 months how often have you had no appetite?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much has having no appetite bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

56 Sweating hands

Frequency: Throughout the past 6 months, how often have you had sweating hands?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much have sweating hands bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

57 Night sweats

Frequency: Throughout the past 6 months, how often have you had night sweats?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much have night sweats bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

58 Cold limbs (e.g. arms, legs, hands)

Frequency: Throughout the past 6 months, how often have you had cold limbs (e.g. arms, legs, hands)?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much have cold limbs (e.g. arms, legs, hands) bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

59 Feeling chills or shivers

Frequency: Throughout the past 6 months, how often have you felt chills or shivers?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much has feeling chills or shivers bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

60 Feeling hot or cold for no reason

Frequency: Throughout the past 6 months, how often have you felt hot or cold for no reason?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has feeling hot or cold for no reason bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

61 Feeling like you have a high temperature

Frequency: Throughout the past 6 months, how often have you felt like you have a high temperature?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much has feeling like you have a high temperature bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

62 Feeling like you have a low temperature

Frequency: Throughout the past 6 months, how often have you felt like you have a low temperature?

- 0 = none of the time
 - 1 = a little of the time
 - 2 = about half the time
 - 3 = most of the time
 - 4 = all of the time
-

Severity: Throughout the past 6 months, how much has feeling like you have a low temperature bothered you?

- 0 = symptom not present
 - 1 = mild
 - 2 = moderate
 - 3 = severe
 - 4 = very severe
-

63 Alcohol intolerance

Frequency: Throughout the past 6 months, how often have you had alcohol intolerance?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has alcohol intolerance bothered you?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

Over the last 6 months, did you avoid alcohol due to an alcohol intolerance (feeling sick after drinking alcohol)?

- Yes
- No, I drank alcohol
- No, I do not drink alcohol for other reasons

If you were to drink alcohol, how severe would the intolerance be?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

64 Sore throat

Frequency: Throughout the past 6 months, how often have you had sore throat?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has having a sore throat bothered you?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

65 Tender / Sore lymph nodes

Frequency: Throughout the past 6 months, how often have you had tender / sore lymph nodes?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much have tender / sore lymph nodes bothered you?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

66 Fever

Frequency: Throughout the past 6 months, how often have you had a fever?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has having a fever bothered you?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

67 Flu-like symptoms

Frequency: Throughout the past 6 months, how often have you had flu-like symptoms?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much have flu-like symptoms bothered you?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

68 Some smells, foods, medication, or chemical make you feel sick

Frequency: Throughout the past 6 months, how often have some smells, foods, medications, or chemicals made you feel sick?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has having some smells, foods, medications, or chemicals make you feel sick bothered you?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

69 Heart beats quickly after standing

Frequency: Throughout the past 6 months, how often has your heart started to beat quickly after standing?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has having your heart beat quickly after standing bothered you?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

70 Blurred or tunnel vision after standing

Frequency: Throughout the past 6 months, how often have you experienced blurred or tunnel vision after standing?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has experiencing blurred or tunnel vision after standing bothered you?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

71 Graying or blacking out after standing

Frequency: Throughout the past 6 months, how often have you experienced graying or blacking out after standing?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has graying or blacking out after standing bothered you?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

72 Sensitivity to mold

Frequency: Throughout the past 6 months, how often have you experienced a sensitivity to mold?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has having a sensitivity to mold bothered you?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

73 Intolerance to extremes of temperature

Frequency: Throughout the past 6 months, how often have you experienced an intolerance to really hot or really cold temperatures?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has having an intolerance to extreme temperatures bothered you?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

74 Viral infections with prolonged recovery periods

Frequency: Throughout the past 6 months, how often have you experienced viral infections with prolonged recovery periods?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has having viral infections with prolonged recovery periods bothered you?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

75 Muscle fatigue after mild physical activity

Frequency: Throughout the past 6 months, how often have you experienced muscle fatigue after mild physical activity?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has experiencing muscle fatigue after mild physical exercise bothered you?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

76 Worsening of symptoms after mild physical activity

Frequency: Throughout the past 6 months, how often have you experienced a worsening of your fatigue related symptoms after mild physical activity?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has having a worsening of fatigue related symptoms after mild physical activity bothered you?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

77 Worsening of symptoms after mild mental activity

Frequency: Throughout the past 6 months, how often have you experienced a worsening of your fatigue related symptoms after mild mental activity?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has having a worsening of fatigue related symptoms after mild mental activity bothered you?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

78 Feeling disoriented

Frequency: Throughout the past 6 months, how often have you felt disoriented?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has feeling disoriented bothered you?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

79 Slowed speech

Frequency: Throughout the past 6 months, how often have you experienced yourself having slowed speech?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has experiencing slowed speech bothered you?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

80 Difficulty reading (dyslexia) after mild physical or mental activity

Frequency: Throughout the past 6 months, how often have you experienced difficulty reading after mild physical or mental activity?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has experiencing difficulty reading after mild physical or mental activity bothered you?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

81 Aching of the eyes or behind the eyes

Frequency: Throughout the past 6 months, how often have you experienced aching of the eyes or an aching behind the eyes?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has experiencing aching of the eyes or aching behind the eyes bothered you?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

82 Sensitivity to pain

Frequency: Throughout the past 6 months, how often have you experienced a sensitivity to pain?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has sensitivity to pain bothered you?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

83 Pressure on parts of your body causes pain in other parts of your body

Frequency: Throughout the past 6 months, how often have has pressure on parts of your body caused pain in other parts of your body?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has pressure on parts of your body causing pain in other parts of your body bothered you?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

84 Daytime drowsiness

Frequency: Throughout the past 6 months, how often have you experienced daytime drowsiness?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has daytime drowsiness bothered you?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

85 Sensitivity to vibration

Frequency: Throughout the past 6 months, how often have you experienced sensitivity to vibrations?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has sensitivity to vibrations bothered you?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

86 Poor coordination

Frequency: Throughout the past 6 months, how often have you experienced poor coordination?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has poor coordination bothered you?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

87 Sinus infections

Frequency: Throughout the past 6 months, how often have you experienced sinus infections?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has having sinus infections bothered you?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

88 Urinary urgency

Frequency: Throughout the past 6 months, how often have you experienced urgent needs to urinate?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has having urgent senses to urinate bothered you?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

89 Waking up at night because you need to urinate

Frequency: Throughout the past 6 months, how often have you experienced waking up at night because of the need to urinate?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has waking up at night because you needed to urinate bothered you?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

90 Inability to tolerate an upright position

Frequency: Throughout the past 6 months, how often have you experienced an inability to tolerate an upright position?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much has the inability to tolerate an upright position bothered you?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

91 Fluctuations in temperature throughout the day

Frequency: Throughout the past 6 months, how often have you experienced fluctuations in temperature throughout the day?

- 0 = none of the time
- 1 = a little of the time
- 2 = about half the time
- 3 = most of the time
- 4 = all of the time

Severity: Throughout the past 6 months, how much have fluctuations in temperature throughout the day bothered you?

- 0 = symptom not present
- 1 = mild
- 2 = moderate
- 3 = severe
- 4 = very severe

DSQ-2 (Continued)

92 Have you always had persistent or recurring fatigue / energy problems, even back to your earliest memories as a child? (By persistent or recurring, we mean that the fatigue / energy problems are usually ongoing and constant, but sometimes there are good periods and bad periods.)

- Yes
 No
 Not having a problem with fatigue / energy

93 Since your fatigue / energy related illness began, do your headaches either happen more often, feel worse or more severe, or are they in a different place or spot?

- Yes
 No
 Not having a problem with fatigue / energy

94 How long ago did your problem with fatigue / energy begin?

- Less than 6 months
 6-12 months
 1-2 years
 Longer than 2 years
 Had problem with fatigue / energy since childhood or adolescence
 Not having a problem with fatigue / energy

95 Have you been diagnosed with Chronic Fatigue Syndrome or Myalgic Encephalomyelitis?

- Yes
 No

a. In what year were you diagnosed?

b. Who diagnosed you with Chronic Fatigue Syndrome or Myalgic Encephalomyelitis? (Check all that apply)

- Medical Doctor
 Alternative Practitioner
 Self-Diagnosed

96 Do you currently have a diagnosis of Chronic Fatigue Syndrome or Myalgic Encephalomyelitis?

- Yes
 No

97 Have any of your family members been diagnosed with Chronic Fatigue Syndrome or Myalgic Encephalomyelitis?

- Yes
 No

a. Please list their relation to you and current age

-
- 98 Did you experience any of the following symptoms regularly and repeatedly in the months and years before your fatigue / energy problems began? (Check all that apply)
- Sore throat
 - Tender / Sore lymph nodes
 - Unrefreshing sleep
 - Impaired memory and concentration
 - Prolonged fatigue following physical or mental exertion
 - Muscle pain
 - Headaches
 - Joint Pain
 - Not having a problem with fatigue / energy
-
- 99 If you rest, does your problem with fatigue / energy go away?
- Entirely
 - Partially
 - My fatigue / energy problem is not improved by rest
 - I am not having a problem with fatigue / energy
-
- a. How long do you have to rest for your problem with fatigue / energy to entirely or partially go away?
- Fewer than 30 minutes
 - 30 - 59 minutes
 - 1 - 2 hours
 - More than 2 hours
-
- 100 If you were to become exhausted after actively participating in extracurricular activities, sports, or outings with friends, would you recover within an hour or two after the activity ended?
- Yes
 - No
-
- 101 Do you reduce your activity level to avoid experiencing problems with fatigue / energy?
- Yes
 - No
 - Not having a problem with fatigue / energy
-
- 102 Do you experience worsening of your fatigue / energy related illness after engaging in minimal physical effort?
- Yes
 - No
 - Not having a problem with fatigue / energy
-
- 103 Do you experience a worsening of your fatigue / energy related illness after engaging in mental effort?
- Yes
 - No
 - Not having a problem with fatigue / energy
-
- a. If you feel worse after physical or mental activity, how long does this last?
- 1 hour or less
 - 2 - 3 hours
 - 4 - 10 hours
 - 11 - 13 hours
 - 14 - 23 hours
 - More than 24 hours

b. Please specify the number of hours

104 Are you currently engaging in any form of exercise?

- Yes
 No

a. If you do not exercise, why aren't you exercising? (Check all that apply)

- Not interested
 No time
 Would like to but cannot because of problems with fatigue / energy
 Cannot because exercise makes symptoms worse

105 If you were to engage in exercise or vigorous activity, would you feel physically drained or sick?

- Yes
 No

106 Over what period of time did your fatigue / energy related illness develop?

- Within 24 hours
 Over 1 week
 Over 1 month
 Over 2-6 months
 Over 7-12 months
 Over 1-2 years
 Over 3 or more years
 I am not ill

107 How would you describe the course of your fatigue / energy related illness?

- Constantly getting worse
 Constantly improving
 Persisting (no change)
 Relapsing & remitting (having "good" periods with no symptoms & "bad" periods)
 Fluctuating (symptoms periodically get better and get worse, but never disappear completely)
 No symptoms / I am not ill

108 Which statement best describes your fatigue / energy related illness during the last 6 months?

- I am not able to work or do anything, and I am bedridden.
 I can walk around the house, but I cannot do light housework.
 I can do light housework, but I cannot work part-time.
 I can only work part time at work or on some family responsibilities.
 I can work full time, but I have no energy left for anything else.
 I can work full time and finish some family responsibilities but I have no energy left for anything else.
 I can do all work or family responsibilities without any problems with my energy.

109 Since the onset of your fatigue/energy-related illness, have you stopped getting sick with colds or flus?

- Yes, I have stopped getting sick with colds or flus.
 No, I still get sick with colds or flus.
 I am unsure if there has been a change in whether I get colds or flus.
 I do not have a fatigue/energy-related illness.

110 Did your fatigue / energy related illness start after you experienced any of the following? (Check all that apply)

- An infectious illness
- An accident
- A trip or vacation
- An immunization
- Surgery
- Severe stress (bad or unhappy event(s))
- Other
- I am not ill

(If applicable) Please describe the infectious illness that preceded your fatigue / energy related illness:

(If applicable) Please describe the accident that preceded your fatigue / energy related illness:

(If applicable) Please describe the trip or vacation that preceded your fatigue / energy related illness:

(If applicable) Please describe the immunization that preceded your fatigue / energy related illness:

(If applicable) Please describe the surgery that preceded your fatigue / energy related illness:

(If applicable) Please describe the severe stress (bad or unhappy event(s)) that preceded your fatigue / energy related illness:

(If applicable) Please describe what other experience preceded your fatigue / energy related illness:

111 Have you ever consulted a medical doctor or health professional about your fatigue / energy problem?

- Yes
- No

112 Do you currently have a medical doctor overseeing your fatigue / energy problem?

- Yes
 No

113 Do you have any medical illness(es) that might be causing your symptoms?

- Yes
 No

a. What medical illness(es) do you have? Illness name(s) and year it began:

b. For which of these conditions are you currently receiving treatment?

114 Are you currently taking any medications (over the counter or prescription)?

- Yes
 No

a. What medications are you taking?

115 Do you think any medication(s) is (are) causing your problem with fatigue / energy?

- Yes
 No
 I do not have a problem with fatigue / energy

a. Please specify which medication(s):

116 Have you ever been diagnosed and/or treated for any of the following (Check all that apply):

- Major depressive disorder
- Major depressive disorder with melancholic or psychotic features
- Bipolar disorder (manic-depression)
- Anxiety
- Schizophrenia
- Eating disorder
- Substance abuse
- Multiple chemical sensitivities
- Fibromyalgia
- Allergies
- Other
- No diagnosis / treatment

Major Depressive Disorder (please write year(s) experienced, years treated, and medication (if applicable)):

Major Depressive Disorder with melancholic features (please write year(s) experienced, years treated, and medication (if applicable)):

Bipolar disorder (manic-depression) (please write year(s) experienced, years treated, and medication (if applicable)):

Anxiety (please write year(s) experienced, years treated, and medication (if applicable)):

Schizophrenia (please write year(s) experienced, years treated, and medication (if applicable)):

Eating disorder (please write year(s) experienced, years treated, and medication (if applicable)):

Substance abuse (please write year(s) experienced, years treated, and medication (if applicable)):

Multiple Chemical sensitivities (please write year(s) experienced, years treated, and medication (if applicable)):

Fibromyalgia (please write year(s) experienced, years treated, and medication (if applicable)):

Allergies (please write year(s) experienced, years treated, and medication (if applicable)):

Other (please write year(s) experienced, years treated, and medication (if applicable)):

117 What do you think is the cause of your problem with fatigue / energy?

- Definitely physical
- Mainly physical
- Equally physical and psychological
- Mainly psychological
- Definitely psychological
- No problem with fatigue / energy

118 Do you think anything specific in your personal life or environment accounts for your problem with fatigue / energy?

- Yes
- No
- I do not have a problem with fatigue / energy

a. Please specify:

119 In the past 4 weeks, approximately how many hours per week have you spent doing:

a. Household related activities? (hours per week):

(Please type numbers (e.g., 0) and not words (e.g., zero).)

b. Social / Recreational related activities? (hours per week):

(Please type numbers (e.g., 0) and not words (e.g., zero).)

c. Family related activities? (hours per week):

(Please type numbers (e.g., 0) and not words (e.g., zero).)

d. Work related activities? (hours per week):

(Please type numbers (e.g., 0) and not words (e.g., zero).)

120 In the past 4 weeks, have you had to reduce the number of hours you previously spent (prior to your illness) on occupational, social or family activities because of your health or problems with fatigue / energy?

- Yes
 No
 Not having a problem with fatigue / energy
-

a. Before your fatigue / energy related illness, approximately how many hours did you used to spend on: Household related activities? (hours per week)

(Please type numbers (e.g., 0) and not words (e.g., zero).)

b. Before your fatigue / energy related illness, approximately how many hours did you used to spend on: Social/Recreational related activities (hours per week)

(Please type numbers (e.g., 0) and not words (e.g., zero).)

c. Before your fatigue / energy related illness, approximately how many hours did you used to spend on: Family related activities? (hours per week)

(Please type numbers (e.g., 0) and not words (e.g., zero).)

d. Before your fatigue / energy related illness, approximately how many hours did you used to spend on: Work related activities? (hours per week)

(Please type numbers (e.g., 0) and not words (e.g., zero).)

121 Please rate the amount of energy you had available yesterday, using a scale from 1 to 100, where 1 = no energy and 100 = your pre-illness energy level.

(If you don't have a fatigue / energy related illness a score of 100 = having abundant energy such that you could work full time and complete your family responsibilities)

(Please type numbers (e.g., 1) and not words (e.g., one).)

122 Please rate the amount of energy you expended (used) yesterday, using a scale from 1 to 100, where 1 = no energy and 100 = your pre-illness energy level.

(Please type numbers (e.g., 1) and not words (e.g., one).)

123 Please rate the amount of fatigue you had yesterday, using a scale from 1 to 100, where 1 = no fatigue and 100 = severe fatigue.

(Please type numbers (e.g., 1) and not words (e.g., one).)

124 For the past week, please rate the amount of energy you had available using a scale from 1 to 100, where 1 = no energy and 100 = your pre-illness energy level.

(Please type numbers (e.g., 1) and not words (e.g., one).)

125 For the past week, please rate the amount of energy you have expended (used) using a scale from 1 to 100, where 1 = no energy and 100 = your pre-illness energy level.

(Please type numbers (e.g., 1) and not words (e.g., one).)

126 For the past week, please rate the amount of fatigue you have had using a scale from 1 to 100, where 1 = no fatigue and 100 = severe fatigue.

(Please type numbers (e.g., 1) and not words (e.g., one).)

127 Since the onset of your problems with fatigue / energy, have your symptoms caused a 50% or greater reduction in your activity level?

- Yes
 - No
 - Not having a problem with fatigue / energy
-

128 Do you experience frequent viral infections with prolonged recovery periods?

- Yes
 - No
-

129 Are you intolerant of extremes of temperature (when it is extremely hot or cold)?

- Yes
- No