

Symptom	<u>Frequency</u> Throughout the past 2 weeks, how often have you had this symptom? For each symptom listed below, circle a number from: 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	<u>Severity</u> Throughout the past 2 weeks, how much has this symptom bothered you? For each symptom listed below, circle a number from: 0 = symptom not present 1 = mild 2 = moderate 3 = severe 4 = very severe
1. Dead, heavy feeling after starting to exercise	0 1 2 3 4	0 1 2 3 4
2. Next day soreness or fatigue after non-strenuous, everyday activities	0 1 2 3 4	0 1 2 3 4
3. Mentally tired after the slightest effort	0 1 2 3 4	0 1 2 3 4
4. Minimum exercise makes you physically tired	0 1 2 3 4	0 1 2 3 4
5. Physically drained or sick after mild activity	0 1 2 3 4	0 1 2 3 4

Symptom	<u>Circle One</u>
6. If you were to become exhausted after actively participating in extracurricular activities, sport, or outings with friends, would you recover within an hour or two after the activity ended?	Yes No
7. Do you experience a worsening of your fatigue/energy related illness after engaging in minimal physical effort?	Yes No
8. Do you experience a worsening of your fatigue/energy related illness after engaging in mental effort?	Yes No
9. If you feel worse after activities, how long does this last?	Less than 1 hour 2-3 hours 4-10 hours 11-13 hours 14-23 hours 24 hours or more
10. If you do not exercise is it because exercise makes your symptoms worse?	Yes No