Nata
 Date

## Bristol Rheumatoid Arthritis Fatigue Multidimensional Questionnaire (BRAF-MDQ)

We would like to know how fatigue has affected you in the <u>past 7 days.</u> Please answer all of the questions. Don't think too long and hard, just give your first reaction – there are no right or wrong answers!

1. Please circle the number that shows your average level of fatigue during the past 7 days.

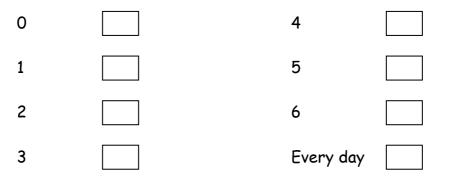
Name.....

No fatigue 0 1 2 3 4 5 6 7 8 9 10 Totally exhausted

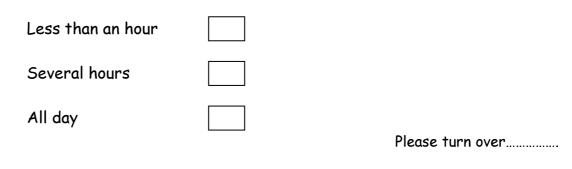
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For each of the following questions, please check <u>one</u> answer that best applies to you.

2. How many days did you experience fatigue during the past week (7 days)?



3. How long, on average, has each episode of fatigue lasted during the past 7 days?



	Over the past 7 days	Not at all	A little	Quite a bit	Very much
4.	Have you lacked <i>physical</i> energy because of fatigue?				
5.	Has fatigue made it difficult to bathe or shower?				
6.	Has fatigue made it difficult to dress yourself?				
7.	Has fatigue made it difficult to do your work or other daily activities?				
8.	Have you avoided making plans because of fatigue? e.g. plans to go out or to do jobs around the home or yard				
9.	Has fatigue affected your social life?				
10.	Have you canceled plans because of fatigue? e.g. plans to go out or to do jobs around the home or yard				
11.	Have you turned down invitations because of fatigue? e.g. meeting up with a friend				
12.	Have you lacked <i>mental</i> energy because of fatigue?				
13.	Have you forgotten things because of fatigue?				
14.	Has fatigue made it difficult to think clearly?				
15.	Has fatigue made it difficult to concentrate?				
16.	Have you made mistakes because of fatigue?				
17.	Have you felt you have less control in areas of your life because of fatigue?				
18.	Have you felt embarrassed because of fatigue?				
19.	Has being fatigued upset you?				
20.	Have you felt down or depressed because of fatigue?				

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