

Name..... Date.....

Bristol Rheumatoid Arthritis Fatigue Multidimensional Questionnaire (BRAf-MDQ)

We would like to know how fatigue has affected you in the past 7 days.
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.

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

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

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

| | | | |
|---|--------------------------|-----------|--------------------------|
| 0 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| 1 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| 2 | <input type="checkbox"/> | 6 | <input type="checkbox"/> |
| 3 | <input type="checkbox"/> | Every day | <input type="checkbox"/> |

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

| | |
|-------------------|--------------------------|
| Less than an hour | <input type="checkbox"/> |
| Several hours | <input type="checkbox"/> |
| All day | <input type="checkbox"/> |

Please turn over.....

BRAf-MDQ
V1 27.08.10

| 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? | ----- | ----- | ----- | ----- |