

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 tick one answer that best applies to you.

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

0	4
1	5
2	6
3	Every day

- 3 How long, on average, did each episode of fatigue last 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.....

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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 bath 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 (e.g. plans to go out or do jobs around the home or garden) because of fatigue?	-----	-----	-----	-----
9	Has fatigue affected your social life?	-----	-----	-----	-----
10	Have you cancelled plans (e.g. plans to go out or do jobs around the home or garden) because of fatigue?	-----	-----	-----	-----
11	Have you refused invitations (e.g. to meet up with a friend) because of fatigue?	-----	-----	-----	-----
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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