Fatigue, Energy & Cognitive Symptoms Screening Questionnaire

Which symptoms are you currently experiencing?

☐ Persistent fatigue
☐ Low daytime energy
☐ Waking without feeling refreshed
☐ Daytime sleepiness
☐ Reduced exercise tolerance
☐ Muscle weakness
☐ Brain fog
☐ Difficulty concentrating
☐ Forgetfulness
☐ Difficulty finding words
☐ Reduced motivation
☐ Headaches
☐ Dizziness or lightheadedness
☐ Symptoms that worsen after physical or mental activity
☐ Other: _____

How long have these symptoms been present?

☐ Less than one month
☐ One to three months
☐ Three to twelve months
☐ Longer than one year

How much do these symptoms interfere with daily activities?

☐ Mildly
☐ Moderately
☐ Significantly

What is the most disruptive symptom?

_____