**DePaul Symptom Questionnaire – Brief**

For each symptom below, please circle **one number for frequency** and **one number for severity**:

Please complete the chart from left to right.

|  |  |
| --- | --- |
| *Frequency:*Throughout the **past 6 months**,**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** | *Severity:*Throughout the **past 6 months**,**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** |

|  |  |  |
| --- | --- | --- |
|  **Symptom**  | **Frequency:** | **Severity:** |
|  1. Fatigue/extreme tiredness | 0 1 2 3 4 | 0 1 2 3 4 |
|  2. Minimum exercise makes you physically tired  | 0 1 2 3 4 | 0 1 2 3 4 |
|  3. Feeling unrefreshed after you wake up in the morning | 0 1 2 3 4 | 0 1 2 3 4 |
|  4. Problems remembering things | 0 1 2 3 4 | 0 1 2 3 4 |
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