**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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