













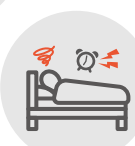



Excessive Fatigue Symptom Inventory

In the past 6 months, how often did you experience the following symptoms?
Please circle the response that comes closest to how you feel.

	Never	Rarely	Sometimes	Frequently
 1. Abnormal sweat	1	2	3	4
 2. Severe back and shoulder pain	1	2	3	4
 3. Face flushing	1	2	3	4
 4. Chest pain and oppressive feeling	1	2	3	4
 5. Breathing difficulties	1	2	3	4
 6. Repeatedly vomiting	1	2	3	4
 7. Heart palpitation	1	2	3	4
 8. Numbness of arm and leg	1	2	3	4
 9. Sudden blindness	1	2	3	4
 10. Heavy headache and dizziness	1	2	3	4
 11. Slurring words	1	2	3	4
 12. Heavy toothache	1	2	3	4
 13. Emotionally arguing with someone (e.g, boss, coworkers, clients, and families)	1	2	3	4

	Never	Rarely	Sometimes	Frequently
 14. Sudden unconsciousness	1	2	3	4
 15. Unstoppable nosebleed	1	2	3	4
 16. Difficulty in falling asleep at night	1	2	3	4
 17. Significant weight loss	1	2	3	4
 18. Unrecoverable abnormal fatigue regardless of sleeping or resting	1	2	3	4
 19. Abnormal sleepiness	1	2	3	4
 20. Becoming short temper	1	2	3	4
 21. Losing one's appetite	1	2	3	4
 22. Frequently thinking about quitting one's job	1	2	3	4
 23. Spending one's days off sleeping	1	2	3	4
 24. Going to bed immediately after work due to exhaustion	1	2	3	4
 25. Difficulty in awakening from sleep	1	2	3	4
 26. Becoming unable to perform daily activities	1	2	3	4

Date

Name