

NEURASTHENIA SECTION (N)

*N1. (READ SLOWLY) Did you ever in your life have a period lasting several months or longer when you became very tired, weak, or exhausted either while performing minor everyday physical tasks like working, shopping, housekeeping, and walking, or while performing everyday mental tasks like reading, writing, and doing paperwork?

- YES 1
- NO 5 **GO TO NEXT SECTION**
- DON'T KNOW 8 **GO TO NEXT SECTION**
- REFUSED 9 **GO TO NEXT SECTION**

*N2. What would happen when you tried to rest or relax — would you fully regain your energy and strength? Or would you still feel tired or weak?

- FULLY REGAIN 1 **GO TO NEXT SECTION**
- STILL FEEL TIRED/WEAK..... 2
- DON'T KNOW 8
- REFUSED..... 9

*N3. During the months or years when this problem was most severe, how often did you get tired — nearly every day, most days, about half the days, or less than half the days?

- NEARLY EVERY DAY 1
- MOST DAYS 2
- ABOUT HALF THE DAYS 3 **GO TO NEXT SECTION**
- LESS THAN HALF THE DAYS 4 **GO TO NEXT SECTION**
- DON'T KNOW 8 **GO TO NEXT SECTION**
- REFUSED..... 9 **GO TO NEXT SECTION**

*N4. How much did your tiredness ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

- NOT AT ALL 1 **GO TO NEXT SECTION**
- A LITTLE 2 **GO TO NEXT SECTION**
- SOME..... 3
- A LOT 4
- EXTREMELY 5
- DON'T KNOW 8
- REFUSED..... 9

*N4a. How often were you too tired to carry out your daily activities – often, sometimes, rarely, or never?

- OFTEN 1
- SOMETIMES 2
- RARELY 3
- NEVER 4
- DON'T KNOW 8
- REFUSED..... 9

| *N5. Still thinking of the months or years when this problem with frequent tiredness was most severe, did you also have any of the following problems during that time: | YES (1) | NO (5) | DK (8) | RF (9) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|-------------------|-------------------|
| *N5a. Did you have frequent headaches? (KEY PHRASE: headaches) | 1 | 5 | 8 | 9 |
| *N5b. Did you often oversleep or wake feeling unrefreshed? (KEY PHRASE: sleep problems) | 1 | 5 | 8 | 9 |
| *N5c. Did you have frequent muscle aches or pains? (KEY PHRASE: aches and pains) | 1 | 5 | 8 | 9 |
| *N5d. Did you often feel dizzy? (KEY PHRASE: dizziness) | 1 | 5 | 8 | 9 |
| *N5e. Were you often unable to relax? (KEY PHRASE: inability to relax) | 1 | 5 | 8 | 9 |
| *N5f. Were you often impatient or irritable? (KEY PHRASE: irritability) | 1 | 5 | 8 | 9 |
| *N5g. Were you often sad or depressed? (KEY PHRASE: sad or depressed) | 1 | 5 | 8 | 9 |
| *N5h. Were you often nervous or worried? (KEY PHRASE: nervous or worried) | 1 | 5 | 8 | 9 |

*N6. INTERVIEWER CHECKPOINT: (SEE *N5a – ~~*N5h~~ (*N5f) ** SERIES)

AT LEAST ONE ‘YES’ RESPONSE IN *N5a – ~~*N5h~~ (*N5f) ** SERIES....1
 ALL OTHERS2

GO TO NEXT SECTION

*N7. Did you ever talk to a medical doctor about your frequent tiredness and other related problems?

- YES 1 **GO TO *N8**
- NO 5
- DON'T KNOW 8
- REFUSED 9

*N7a. Experiences of this sort sometimes occur as a result of physical causes such as illness or injury or the use of medication, drugs, or alcohol. Do you think your frequent tiredness ever occurred as the result of such physical causes?

- YES 1
- NO 5 **GO TO *N15**
- DON'T KNOW 8 **GO TO *N15**
- REFUSED 9 **GO TO *N15**

*N7b. Do you think your frequent tiredness was always the result of physical causes?

- YES 1
- NO 5 **GO TO *N15**
- DON'T KNOW 8 **GO TO *N15**
- REFUSED 9 **GO TO *N15**

*N7c. What do you think the cause was?

GO TO *N15

*N8. What did the doctor say was the cause?

IF VOL "MORE THAN ONE DOCTOR," PROBE: What were all the causes the different doctors told you?

CIRCLE ALL THAT APPLY.

PSYCHOLOGICAL PROBLEMS

PANIC.....1
ANXIETY2
DEPRESSION.....3
NERVES/EMOTIONS/MENTAL HEALTH4
OTHER PSYCHOLOGICAL (SPECIFY BELOW).....5

STRESS

OVERWORK.....10
TENSION.....11
OTHER STRESSFUL EXPERIENCE (SPECIFY BELOW).....12

PHYSICAL ILLNESS/INJURY/CONDITION

CHRONIC FATIGUE SYNDROME.....20
EXHAUSTION21
HYPERVENTILATION22
HYPOCHONDRIASIS23
IMMUNE SYSTEM DYSFUNCTION.....24
MENSTRUAL CYCLE.....25
PREGNANCY/POSTPARTUM26
HEART DISEASE27
HIGH BLOOD PRESSURE.....28
OVERWEIGHT29
OTHER PHYSICAL ILLNESS (SPECIFY BELOW).....30

MEDICATION/DRUGS/ALCOHOL

MEDICATION (SPECIFY BELOW)31
DRUGS (SPECIFY BELOW).....32
ALCOHOL.....33

OTHER

NO DEFINITIVE DIAGNOSIS.....81
OTHER (SPECIFY BELOW)82
DON'T KNOW.....88
REFUSED99

SPECIFY:

*N9. INTERVIEWER CHECKPOINT: (SEE *N8) FOLLOW SKIP FOR FIRST ENDORSED ITEM

- ONE OR MORE RESPONSES ARE CIRCLED IN 1-12 SERIES
(PSYCHOLOGICAL/STRESS) 1 GO TO *N16
 - ONE OR MORE RESPONSES ARE CIRCLED IN 31-33 SERIES
(MED/DRUGS/ALC)..... 2 GO TO *N10
 - ONE OR MORE RESPONSES ARE CIRCLED IN 20-30 SERIES
(PHYSICAL ILLNESS)..... 3 GO TO *N14
 - ALL OTHERS..... 4 GO TO *N13
-

*N10. Was your frequent tiredness always the result of taking medication, drugs, or alcohol?

- YES 1 GO TO *N15
 - NO 5
 - DON'T KNOW 8
 - REFUSED 9
-

*N11. INTERVIEWER CHECKPOINT: (SEE *N8)

- ONE OR MORE RESPONSES ARE CIRCLED IN 20-30 SERIES
(PHYSICAL ILLNESS)..... 1
 - ALL OTHERS..... 2 GO TO *N15
-

*N12. When the tiredness was not due to taking medication, drugs, or alcohol, was it always the result of a physical illness, or injury [such as (MENTIONS IN *N8)]?

- YES 1
- NO 5
- DON'T KNOW 8
- REFUSED 9

GO TO *N15

*N13. Did they find anything abnormal when they examined you or took tests or x-rays?

- YES 1
 - NO 5 GO TO *N15
 - NO EXAMINATION PERFORMED 6 GO TO *N15
 - DON'T KNOW 8 GO TO *N15
 - REFUSED 9 GO TO *N15
-

*N14. Was your frequent tiredness always the result of a physical illness or injury [such as (MENTIONS IN *N8)]?

- YES 1
- NO 5
- DON'T KNOW 8
- REFUSED 9

***N15.** Do you think that psychological factors ever played an important part in your frequent tiredness and other related problems?

- PSYCHOLOGICAL FACTORS IMPORTANT 1
 - PSYCHOLOGICAL FACTORS NOT IMPORTANT 2
 - DON'T KNOW 8
 - REFUSED 9
-

***N16.** Can you remember your exact age the very first time in your life you had a period lasting several months or longer when you were easily tired and had any of the other related problems that we just reviewed?

- YES 1
- NO 5 **GO TO *N16b**
- DON'T KNOW 8 **GO TO *N16b**
- REFUSED 9 **GO TO *N16b**

*N16a. (IF NEC: How old were you?)

_____ YEARS OLD **GO TO *N17**

- DON'T KNOW 998 **GO TO *N17**
- REFUSED 999 **GO TO *N17**

***N16b.** About how old were you (the first time you had a period of this sort)?

_____ YEARS OLD

- DON'T KNOW 998
 - REFUSED 999
-

***N17.** Did you have a period of a month or longer when you had these problems in the past 12 months?

- YES 1
- NO 5 **GO TO *N17c**
- DON'T KNOW 8 **GO TO *N17c**
- REFUSED 9 **GO TO *N17c**

*N17a. How recently – in the past month, two to six months ago, or more than six months ago?

- PAST MONTH 1
- 2-6 MONTHS AGO 2
- MORE THAN 6 MONTHS AGO 3
- DON'T KNOW 8
- REFUSED 9

*N17b. How many months in the past 12 months did you have frequent tiredness and any of the other problems we reviewed?

_____ MONTHS **GO TO *N18**

- DON'T KNOW 98 **GO TO *N18**
- REFUSED 99 **GO TO *N18**

*N17c. How old were you the last time you had frequent tiredness and any of the other problems we reviewed?

_____ YEARS OLD

DON'T KNOW 998
REFUSED 999

*N18. How many episodes of frequent tiredness lasting several months or longer have you had in your life?

_____ EPISODES

DON'T KNOW 998
REFUSED 999

*N19. INTERVIEWER CHECKPOINT: (SEE *N18)

ONE EPISODE..... 1
ALL OTHERS 2 **GO TO *N21**

*N20. How many months or years did that episode last?

_____ NUMBER **GO TO *N46**

CIRCLE UNIT OF TIME: MONTHS..... 1 YEARS 2

DON'T KNOW 998 **GO TO *N46**
REFUSED 999 **GO TO *N46**

*N21. How many months or years did the longest of these episodes last?

_____ NUMBER

CIRCLE UNIT OF TIME: MONTHS..... 1 YEARS..... 2

DON'T KNOW 998
REFUSED 999

*N22. How many different years in your life did you have at least one episode?

_____ YEARS

DON'T KNOW 998
REFUSED 999

*N46. Did you receive professional treatment for your tiredness at any time in the past 12 months?

YES 1
NO 5
DON'T KNOW 8
REFUSED 9

GO TO NEXT SECTION