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?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

**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?

<table>
<thead>
<tr>
<th>FULLY REGAIN</th>
<th>STILL FEEL TIRED/WEAK</th>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

**GO TO NEXT SECTION**

*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?

<table>
<thead>
<tr>
<th>NEARLY EVERY DAY</th>
<th>MOST DAYS</th>
<th>ABOUT HALF THE DAYS</th>
<th>LESS THAN HALF THE DAYS</th>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

**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?

<table>
<thead>
<tr>
<th>NOT AT ALL</th>
<th>A LITTLE</th>
<th>SOME</th>
<th>A LOT</th>
<th>EXTREMELY</th>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

**GO TO NEXT SECTION**

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

<table>
<thead>
<tr>
<th>OFTEN</th>
<th>SOMETIMES</th>
<th>RARELY</th>
<th>NEVER</th>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
**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:

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N5a.</strong> Did you have frequent headaches?</td>
<td>YES (1)</td>
<td>NO (5)</td>
<td>DK (8)</td>
<td>RF (9)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>N5b.</strong> Did you often oversleep or wake feeling unrefreshed?</td>
<td>YES (1)</td>
<td>NO (5)</td>
<td>DK (8)</td>
<td>RF (9)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>N5c.</strong> Did you have frequent muscle aches or pains?</td>
<td>YES (1)</td>
<td>NO (5)</td>
<td>DK (8)</td>
<td>RF (9)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>N5d.</strong> Did you often feel dizzy?</td>
<td>YES (1)</td>
<td>NO (5)</td>
<td>DK (8)</td>
<td>RF (9)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>N5e.</strong> Were you often unable to relax?</td>
<td>YES (1)</td>
<td>NO (5)</td>
<td>DK (8)</td>
<td>RF (9)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>N5f.</strong> Were you often impatient or irritable?</td>
<td>YES (1)</td>
<td>NO (5)</td>
<td>DK (8)</td>
<td>RF (9)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>N5g.</strong> Were you often sad or depressed?</td>
<td>YES (1)</td>
<td>NO (5)</td>
<td>DK (8)</td>
<td>RF (9)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>N5h.</strong> Were you often nervous or worried?</td>
<td>YES (1)</td>
<td>NO (5)</td>
<td>DK (8)</td>
<td>RF (9)</td>
</tr>
</tbody>
</table>

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

AT LEAST ONE ‘YES’ RESPONSE IN **N5a – N5h** (**N5f**) ** SERIES....1
ALL OTHERS ......................................................................................................2  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
  ANXIETY .................................................................................................2
  DEPRESSION ..........................................................................................3
  NERVES/EMOTIONS/MENTAL HEALTH. ...............................................4
  OTHER PSYCHOLOGICAL (SPECIFY BELOW).......................................5

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

PHYSICAL ILLNESS/INJURY/CONDITION
  CHRONIC FATIGUE SYNDROME..........................................................20
  EXHAUSTION .......................................................................................21
  HYPERVENTILATION ...........................................................................22
  HYPOCHONDRIASIS ............................................................................23
  IMMUNE SYSTEM DYSFUNCTION.......................................................24
  MENSTRUAL CYCLE ...........................................................................25
  PREGNANCY/POSTPARTUM ...............................................................26
  HEART DISEASE ..................................................................................27
  HIGH BLOOD PRESSURE ....................................................................28
  OVERWEIGHT ......................................................................................29
  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
  REFUSED ..............................................................................................99

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  GO TO *N15
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  GO TO *N15
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