

Screening

PETAL ID:

__petal_id_____

Date screening completed:

__scr_date_____

Does the patient meet the following inclusion criteria? Patient enrolled in BLUE CORAL Patient participated in either the 1-month and/or the 3-month post-hospital telephone assessment (LTO) Patient enrolled in BLUE CORAL at or near a site where in-person procedures are available

- Yes **scr_incl**
- No

Does the patient meet any of the following exclusion criteria?

- No exclusion criteria met **scr_excl__0**
- Unable or unwilling to return to clinical site for completion of study procedures around 3-4 months post-index hospitalization **scr_excl__1**
- Patient unable to return to clinical site for completion of study procedures around 3-4 months post-index hospitalization (e.g. lack of transportation, domiciled in SNF) **scr_excl__11**
- Patient unwilling to return to clinical site for completion of study procedures around 3-4 months post-index hospitalization **scr_excl__12**
- Patient not interested _____ **scr_excl__5**
- Not selected for FIRE CORAL (e.g. all available appointment slots full so patient not contacted by site) **scr_excl__2**
- Concern from investigator about patient's ability to participate in follow-up testing _____ **scr_excl__4**
- Not able to follow instructions as reported by surrogate or investigator **scr_excl__3**
- Patient self report of pregnancy at the time of screening call or follow-up visit **scr_excl__6**
- Not excluded, but not enrolled because unable to contact patient **scr_excl__91**
- Not excluded, but not enrolled because although patient agrees to participate, site unable to arrange necessary study follow-up testing within eligibility window **scr_excl__92**
- Not excluded, not enrolled for other reason _____ **scr_excl__9**

Null exclusion: **scr_exclnull**_____

Ineligibility: **scr_elign**_____

Patient eligibility: **scr_elig**_____

Patient not eligible

The patient did not meet the inclusion requirements, and should not have been entered into REDCap. Please contact the CCC to remove this record from the project.

Patient eligible

FIRE CORAL enrollment id:

scr_rsid

(Enter the study enrollment number obtained through the PETAL RS System (number format: SSSF-XXXX; SSS=site code, XXXX=number); this is different from the PETAL ID number.)

Visit form

Did this visit occur?

- Yes **scr_yn**
 No

Date of visit:

_____ **vis_date** _____

If no, why not? **vis_nreas**

- Missed appointment (forgot, no show, etc)
 COVID-19 test positive
 Lack of transport
 Other

Please specify:

_____ **vis_nreasspec**

Consents

Did the participant re-consent at this visit?

- Yes **cons_reconsent**
 No

Was the FIRE CORAL consent form signed?

- Yes **cons_firecoral**
 No

Which version of the consent form did they sign at this visit? **cons_version**

- FIRE CORAL Consent 2021-02-02
 FIRE CORAL Consent 2021-08-31

Date FIRE CORAL consent signed:

_____ **cons_firecoraldt** _____

Did the patient consent to have their blood samples stored for future research in COVID-19 illness?

- Yes **cons_bloodcov**
 No

Did the patient consent to have their blood samples stored for future research on other medical conditions?

- Yes **cons_bloodoth**
 No

Did the subject consent to have their samples be used for future genetic research in COVID-19 illness?

- Yes **cons_gencov**
 No

Did the subject consent to have their samples be used for future genetic research on other medical conditions?

- Yes **cons_genoth**
 No

Sample Collection

The subject did not consent to have their blood collected, so this form does not need to be filled out.

cons_sampok _____ **cons_sampnotok** _____

Was a sample collected for this visit?

Yes

No **samp_yn**

samp_cons1

samp_consthis

samp_cons2

samp_notneeded

samp_cons3

Date and time of sample collection:

_____ **samp_dttm** _____

Accession number:

_____ **samp_accno** _____

Indicate the reason why the sample wasn't collected: **samp_noreas**

Difficult stick, unable to collect blood

Patient or family refused

Other

Please specify:

_____ **samp_noreasspec** _____

Prior Assessments

Are any chest CTs available from the 10 years prior to the patient's enrollment in BLUE CORAL?

- Yes **pras_ct**
 No

How many chest CTs are available?

_____ **pras_ctnum** _____

What is the date of the first available chest CT?

_____ **pras_ctdt** _____

Are any pulmonary function tests available from the 10 years prior to the patient's enrollment in BLUE CORAL?

- Yes **pras_pft**
 No

How many PFTs are available?

_____ **pras_pftnum** _____

What is the date of the first available PFT?

_____ **pras_pftdt** _____

Are any 6-minute walk tests available from the 10 years prior to the patient's enrollment in BLUE CORAL?

- Yes **pras_sixmin**
 No

How many 6-minute walk tests are available?

_____ **pras_sixminnum** _____

What is the date of the first available 6-minute walk test?

_____ **pras_sixmindt** _____

Chest CT

Was a Chest CT performed during this visit? **ct_yn**

- Yes
- No

Date of CT:

_____ **ct_dt** _____

Please remember to upload the Chest CT scan via the ACR software and complete CT Source Document.

Why was the CT not performed? **ct_nreas**

- Time constraints
- Scanner not available
- Participant refused
- Participant unable to cooperate or follow instructions
- Participant unable to tolerate procedure
- Other

Please specify:

_____ **ct_nreasspec** _____

Confirm CT report has been stored locally:

- Yes, CT report has been stored **ct_local**
- No, CT report has not been stored

Date site investigator reviewed CT report for incidental findings:

_____ **ct_reviewdt** _____

Please specify why the report has not been stored:

_____ **ct_localnreasspec** _____

CHEST CT REVIEW RESULTS LISTED IN DATA DICTIONARY; DATA IN FILE CHEST CT REVIEW (CSV OR SAS).

Pulmonary Function Tests

Was pulmonary function testing performed during this visit? **pft_yn**

- Yes
- No

Date of pulmonary function test:

_____ **pft_dt** _____

Why was pulmonary function testing not performed? **pft_nreas**

- Time constraints
- PFT lab not available
- Participant refused
- Participant unable to cooperate or follow instructions
- Participant unable to tolerate procedure
- Other

Please specify:

_____ **pft_nreasspec** _____

FEV1 (liters):

_____ **pft_fev1** _____
(in liters)

FEV1 (% predicted):

_____ **pft_fev1pc** _____
(percent)

FVC (liters):

_____ **pft_fvc** _____
(in liters)

FVC (% predicted):

_____ **pft_fvcpc** _____
(percent)

FEV1 / FVC ratio:

_____ **pft_fev1fvcrat** _____
(decimal value (0.0 to 1.0))

TLC (liters)

_____ **pft_tlc** _____
(in liters)

TLC (% predicted)

_____ **pft_tlcpc** _____
(percent)

DLCO (mL/min/mmHg)

_____ **pft_dlco** _____
(mL/min/mmHg)

DLCO (% predicted)

pft_dlcopc
(percent)

Six Minute Walk Test

Was the six minute walk test performed during this visit? **sixmin_yn**

- Yes
- No

Date of test:

sixmin_dt

Why was the six-minute walk test not performed? **sixmin_nreas**

- Participant declined
- Contraindicated
- Lack of equipment or time
- Can't be done (one way distance < 30ft)
- Other

Please specify:

sixmin_nreasspec

Walk test

Total minutes walked:

sixmin_twalked

Number of laps:

sixmin_laps

Feet per lap:

sixmin_feet

Partial lap distance:

sixmin_partial

Borg scale & optional oxygen saturation:

Before test dyspnea grade:

sixmin_borgbd

Before test fatigue grade:

sixmin_borgbf

Before test SPO2:

(optional, only if available)

sixmin_spo2b

After test dyspnea grade:

sixmin_borgad

After test fatigue grade:

sixmin_borgaf

After test SPO2:

(optional, only if available)

_____ **sixmin_spo2a** _____

Test report:

Did the participant have a 10-minute rest before the test?

sixmin_restbt

Yes

No

Did the participant need supplemental O2 with exercise?

sixmin_supp02

Yes

No

O2 flow rate in liters:

_____ **sixmin_supp02flow** _____

Were walking aids used (e.g. cane, crutch, walker)?

sixmin_aids

Yes

No

Please specify:

_____ **sixmin_aidsspec** _____

Did the participant pause or rest before 6 minutes?

sixmin_pause

Yes

No

How many times?

_____ **sixmin_pausenum** _____

Was the test stopped early for any reason?

sixmin_term

Yes

No

Why was the test stopped early?

(select all that apply)

Chest pain **sixmin_termreas_cp**

Near syncope **sixmin_termreas_ns**

Ataxic gait, **sixmin_termreas_ag**

Leg claudication **sixmin_termreas_lg**

Mental confusion **sixmin_termreas_mc**

Patient wanted to stop **sixmin_termreas_ps**

Staff requested patient to stop **sixmin_termreas_ss**

Dyspnea (shortness of breath) **sixmin_termreas_dn**

Fatigue **sixmin_termreas_ft**

Pain **sixmin_termreas_pn**

Other **sixmin_termreas_oth**

Please specify:

_____ **sixmin_termreasspec** _____

Short Performance Physical Battery

Was any part of the short performance physical battery (SPPB) test performed during this visit? **sppb_yn**

- Yes
- No

Date of assessment:

_____ **sppb_dt** _____

Why was the short performance physical battery not performed? **sppb_nreas**

- Participant declined
- Participant tried but was unable
- Not attempted, staff felt it was unsafe
- Not attempted, participant felt it was unsafe
- Participant unable to understand instructions
- Lack of equipment or time
- Other

Please specify:

_____ **sppb_nreasspec** _____

Side-by-side balance test

Side-by-side balance test: **sppb_sbs**

- Held for 10 seconds
- Not held for 10 seconds
- Not attempted

Number of seconds:

_____ **sppb_sbssec** _____

Reason not attempted: **sppb_sbsnreas**

- Participant declined
- Participant tried but was unable
- Not attempted, staff felt it was unsafe
- Not attempted, participant felt it was unsafe
- Participant unable to understand instructions
- Lack of equipment or time
- Other

Please specify:

_____ **sppb_sbsnreasspec** _____

Semi-tandem standSemi-tandem stand: **sppb_sts**

- Held for 10 seconds
 Not held for 10 seconds
 Not attempted

Number of seconds:

sppb_stssecReason not attempted: **sppb_stsnreas**

- Participant declined
 Participant tried but was unable
 Not attempted, staff felt it was unsafe
 Not attempted, participant felt it was unsafe
 Participant unable to understand instructions
 Lack of equipment or time
 Other

Please specify:

sppb_stsnreasspec**Tandem stand**Tandem stand: **sppb_ts**

- Held for 10 seconds
 Not held for 10 seconds
 Not attempted

Number of seconds:

sppb_tssecReason not attempted: **sppb_tsnreas**

- Participant declined
 Participant tried but was unable
 Not attempted, staff felt it was unsafe
 Not attempted, participant felt it was unsafe
 Participant unable to understand instructions
 Lack of equipment or time
 Other

Please specify:

sppb_tsnreasspec

Gait speed testWas the first attempt completed? **sppb_gait1yn**

- Yes
 Tried but unable
 No

Time for first walk (seconds):

_____ **sppb_gait1time** _____
(in seconds)

Aids used for first walk:

_____ **sppb_gait1aids** _____
(none, cane, walker, etc.)

Why not? **sppb_gait1nreas**

- Participant could not walk unassisted
 Not attempted (staff felt it was unsafe)
 Not attempted (participant felt it was unsafe)
 Participant unable to understand instructions
 Other

Please specify:

_____ **sppb_gait1nreasspec** _____

Was the second attempt completed? **sppb_gait2yn**

- Yes
 Tried but unable
 No

Time for second walk (seconds):

_____ **sppb_gait2time** _____
(in seconds)

Aids used for second walk:

_____ **sppb_gait2aids** _____
(none, cane, walker, etc.)

Why not? **sppb_gait2nreas**

- Participant could not walk unassisted
 Not attempted (staff felt it was unsafe)
 Not attempted (participant felt it was unsafe)
 Participant unable to understand instructions
 Other

Please specify:

_____ **sppb_gait2nreasspec** _____

Single chair stand test

Does the participant feel safe trying to stand up from a chair without using their arms?

- Yes **sppb_scstsafe**
 No

Single chair stand test result: **sppb_scst**

- Participant stood without using the arms
 Participant used arms to stand
 Test not completed
 Test not attempted

Please specify: **sppb_scstnreas**

- Tried but unable
 Participant could not stand up unassisted
 Not attempted, staff felt unsafe
 Not attempted, participant felt unsafe
 Participant unable to understand instructions
 Participant refused
 Other

Please specify:

_____ **sppb_scstnreasspec** _____

Repeated chair stand test

Does the participant feel safe trying to stand up from a chair five times without using their arms?

- Yes **sppb_rcstsafe**
 No

Repeated chair stand test result: **sppb_rcst**

- Participant completed 5 stands
 Test not completed
 Test not attempted

Time to complete 5 stands (in seconds):

_____ **sppb_rcstsec** _____
(in seconds)

Please specify: **sppb_rcstnreas**

- Tried but unable
 Participant could not stand up unassisted
 Not attempted, staff felt unsafe
 Not attempted, participant felt unsafe
 Participant unable to understand instructions
 Participant refused
 Other

Please specify:

_____ **sppb_rcstnreasspec** _____

St George's Respiratory Assessment

Was the St. George's Respiratory Assessment performed during this visit? **sgrq_yn**

- Yes
- No

Date of assessment:

_____ **sgrq_dt** _____

What language was used to collect this assessment? **sgrq_lang**

- English
- Spanish

Please remember to keep any necessary institutional documentation for how this assessment was administered in [sgrq_lang].

Why was the St. George's Respiratory Assessment not performed? **sgrq_nreas**

- Participant cognitive defects
- Time constraints
- Participant refused
- Other

Please specify:

_____ **sgrq_nreasspec** _____

St. George's Respiratory Questionnaire

This questionnaire is designed to help us learn much more about how your breathing is troubling you and how it affects your life. We are using it to find out which aspects of your illness cause you most problems, rather than what the doctors and nurses think your problems are. Please read the questions carefully and ask the study team if you do not understand anything. There are no right or wrong answers; only the answer that best applies to you. Do not spend too much time deciding about your answers.

Part 1

	almost every day	several days a week	a few days a month	only with lung / respiratory infections	not at all
1. Over the past 3 months, I have coughed: sgrq_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Over the past 3 months, I have brought up phlegm (sputum): sgrq_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Over the past 3 months, I have had shortness of breath: sgrq_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Over the past 3 months, I
have had attacks of wheezing: **sgrq_4**

5. During the last 4 weeks, how many severe or very unpleasant episodes of lung/respiratory problems have you had? **sgrq_5**

- more than 3 episodes
 - 3 episodes
 - 2 episodes
 - 1 episode
 - no episodes
-

6. How long did the worst episode of lung/respiratory problem last? (Go to question 7 if you didn't have a severe episode.) **sgrq_6**

- a week or more
 - 3 or more days
 - 1 or 2 days
 - less than a day
-

7. Over the last 4 weeks, in an average week, how many good days (with few lung/respiratory problems) have you had? **sgrq_7**

- none
 - 1 or 2
 - 3 or 4
 - nearly every day
 - every day
-

8. If you have a wheeze, is it worse in the morning? **sgrq_8**

- Yes
 - No or no wheeze
-

Part 2 - Section 1

How would you describe your lung/respiratory condition? **sgrq_sect_1_1**

- The most important problem I have
 - Causes me quite a lot of problems
 - Causes me a few problems
 - Causes no problem
-

If you have ever held a job, please mark one of these answers: **sgrq_sect_1_2**

- My lung/respiratory problem made me stop my job.
- My lung/respiratory problem interferes with my job or made me change my job.
- My lung/respiratory problem does not affect my job.

Part 2 - Section 2

Questions about what activities usually make you feel short of breath. Mark either True or False as it applies to you now.

	True	False
Sitting or lying still sgrq_sect_2_1	<input type="radio"/>	<input type="radio"/>
Washing yourself or dressing sgrq_sect_2_2	<input type="radio"/>	<input type="radio"/>
Walking in the house sgrq_sect_2_3	<input type="radio"/>	<input type="radio"/>
Walking outside on level ground sgrq_sect_2_4	<input type="radio"/>	<input type="radio"/>
Walking up a flight of stairs sgrq_sect_2_5	<input type="radio"/>	<input type="radio"/>
Walking up hills sgrq_sect_2_6	<input type="radio"/>	<input type="radio"/>
Playing sports or active games sgrq_sect_2_7	<input type="radio"/>	<input type="radio"/>

Part 2 - Section 3

These are more questions about your cough and shortness of breath. Mark either True or False as it applies to you now.

	True	False
Coughing hurts sgrq_sect_3_1	<input type="radio"/>	<input type="radio"/>
Coughing makes me tired sgrq_sect_3_2	<input type="radio"/>	<input type="radio"/>
I am short of breath when I talk sgrq_sect_3_3	<input type="radio"/>	<input type="radio"/>
I am short of breath when I bend over sgrq_sect_3_4	<input type="radio"/>	<input type="radio"/>
My cough or breathing disturbs my sleep sgrq_sect_3_5	<input type="radio"/>	<input type="radio"/>
I get exhausted easily sgrq_sect_3_6	<input type="radio"/>	<input type="radio"/>

Part 2 - Section 4

These are questions about other effects that your lung/respiratory problem may have on you. Mark either True or False as it applies to you now.

	True	False
My cough or breathing is embarrassing in public sgrq_sect_4_1	<input type="radio"/>	<input type="radio"/>
My lung/respiratory problem is a nuisance to my family, friends, or neighbors sgrq_sect_4_2	<input type="radio"/>	<input type="radio"/>
I panic or get afraid when I cannot catch my breath sgrq_sect_4_3	<input type="radio"/>	<input type="radio"/>
I feel that I am not in control of my lung/respiratory problem sgrq_sect_4_4	<input type="radio"/>	<input type="radio"/>

- | | | |
|---|-----------------------|-----------------------|
| I do not expect my lung/respiratory problem to get any better sgrq_sect_4_5 | <input type="radio"/> | <input type="radio"/> |
| I have become frail or an invalid because of my lung/respiratory problems sgrq_sect_4_6 | <input type="radio"/> | <input type="radio"/> |
| Exercise is not safe for me sgrq_sect_4_7 | <input type="radio"/> | <input type="radio"/> |
| Everything seems too much of an effort sgrq_sect_4_8 | <input type="radio"/> | <input type="radio"/> |

Part 2 - Section 5

These are questions about your lung/respiratory medication, including oxygen, inhalers and pills. If you are not receiving medication, go to Section 6. Mark either True or False as it applies to you now.

- | | True | False |
|---|-----------------------|-----------------------|
| My lung/respiratory medication does not help me very much. sgrq_sect_5_1 | <input type="radio"/> | <input type="radio"/> |
| I get embarrassed using my lung/respiratory medication in public. sgrq_sect_5_2 | <input type="radio"/> | <input type="radio"/> |
| I have unpleasant side effects from my lung/respiratory medication. sgrq_sect_5_3 | <input type="radio"/> | <input type="radio"/> |
| My lung/respiratory/medication interferes with my life a lot sgrq_sect_5_4 | <input type="radio"/> | <input type="radio"/> |

Is patient taking medication? [Part2_sect_5nomed__1](#)

(If the patient skipped section 5 because they are not taking any medication, please check this box)

Patient not taking any medication

Part 2 - Section 6

These are questions about how your activities might be affected by your breathing problem. For each item, answer True if one or more parts applies to you because of your breathing problem. Otherwise answer False.

- | | True | False |
|---|-----------------------|-----------------------|
| I take a long time to get washed or dressed sgrq_sect_6_1 | <input type="radio"/> | <input type="radio"/> |
| I cannot take a bath or shower, or I take a long time to do it sgrq_sect_6_2 | <input type="radio"/> | <input type="radio"/> |
| I walk slower than other people, or I stop to rest sgrq_sect_6_3 | <input type="radio"/> | <input type="radio"/> |
| Jobs such as house chores take a long time, or I have to stop to rest sgrq_sect_6_4 | <input type="radio"/> | <input type="radio"/> |
| If I walk up one flight of stairs, I have to go slowly or stop sgrq_sect_6_5 | <input type="radio"/> | <input type="radio"/> |

If I hurry or walk fast, I have to stop or slow down sgrq_sect_6_6	<input type="radio"/>	<input type="radio"/>
My breathing makes it difficult to do things such as walk up hills, carry things up stairs, light gardening such as weeding, dancing, playing golf or light sports such as bowling sgrq_sect_6_7	<input type="radio"/>	<input type="radio"/>
My breathing makes it difficult to do things like carry heavy loads, digging in the garden or shoveling snow, jogging or walking briskly (5 miles per hour), playing tennis, or swim sgrq_sect_6_8	<input type="radio"/>	<input type="radio"/>
My breathing problem makes it difficult to do things such as very heavy manual labor, riding a bike, running, swimming fast or playing competitive sports sgrq_sect_6_9	<input type="radio"/>	<input type="radio"/>

Part 2 - Section 7

We would like to know how your breathing usually affects your daily life. Mark True or False as it applies to you because of your lung/respiratory problem.

	True	False
I cannot play sports or do other physical activities sgrq_sect_7_1	<input type="radio"/>	<input type="radio"/>
I cannot go out for entertainment or recreation sgrq_sect_7_2	<input type="radio"/>	<input type="radio"/>
I cannot go out of the house to do the grocery shopping sgrq_sect_7_3	<input type="radio"/>	<input type="radio"/>
I cannot do household chores sgrq_sect_7_4	<input type="radio"/>	<input type="radio"/>
I cannot move far from my bed or chair sgrq_sect_7_5	<input type="radio"/>	<input type="radio"/>

Here is a list of other activities that your lung/respiratory problem may prevent you from doing. (You do not have to fill these in, they are just to remind you of ways in which your shortness of breath may affect you):

- Going for walks or walking the dog
- Doing activities or chores at home or in the garden
- Having sexual intercourse
- Going to church, or place of entertainment
- Going out in bad weather or into smoky rooms
- Visiting family or friends or playing with children

Please write in any other important activities that your lung/respiratory problem may stop you from doing:

sgrq_trouble

Now, would you mark the one statement which you think best describes how your breathing problem affects you:

- It does not stop me doing anything I would like to do **sgrq_affects**
 It stops me doing one or two things I would like to do
 It stops me doing most of the things I would like to do It stops me doing everything I would like to do

FACIT-F

Was the FACIT-F performed during this visit? **facitf_yn**

- Yes
 No

Date of assessment:

_____ **facitf_dt** _____

What language was used to collect this assessment?

facitf_lang

- English
 Spanish

Please remember to keep any necessary institutional documentation for how this assessment was administered in [facitf_lang].

Why was the FACIT-F not performed?

facitf_nreas

- Time constraints
 Participant refused
 Participant unable to cooperate or follow instructions
 Other

Please specify:

_____ **facitf_nreasspec** _____

Below is a list of statements that other people with your illness have said are important.

Please circle or mark one choice per line to indicate your response as it applies to the past 7 days.

	Not at all		A little bit	Somewhat	Quite a bit	Very much
I feel fatigued facitf_fatigue	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel weak all over facitf_weak	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel listless ("washed out") facitf_listless	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel tired facitf_tired	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have trouble starting things because I am tired facitf_start	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have trouble finishing things because I am tired facitf_finish	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have energy facitf_energy	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to do my usual activities facitf_activities	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I need to sleep during the day facitf_sleep	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I am too tired to eat	facitf_eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I need help doing my usual activities	facitf_usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am frustrated by being too tired to do the things I want to do	facitf_frustrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have to limit my social activity because I am tired	facitf_social	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

