Fatigue Assessment

Name:		Date:		
Instructions: Please 1 = No fatigue 2 = Mild fatigue 3 = Moderate fatig 4 = Severe fatigue 5 = Extreme fatigue	ue	n a scale of 1 to 5,	where:	
Section 1: Self-Rep	oorted Fatigue	e Levels		
1. Overall Fatigue:				
How would you rate	your overall leve	el of fatigue in the	past week?	
\bigcirc		\bigcirc		
1.	2.	3.	4.	5.
2. Mental Fatigue:				
To what extent have	you experienced	d mental tiredness	or difficulty conce	entrating?
	\circ	\circ		
1.	2.	3.	4.	5.
3. Physical Fatigue:				
How physically tired	or exhausted ha	ve you felt?		
	\circ	\bigcirc		
1.	2.	3.	4.	5.
Section 2: Daily Ac	tivities Impac	t		
4. Impact on Work/Pr	oductivity:			
How has fatigue affe	ected your ability	to perform at worl	c or be productive	?
	\circ	\circ		
1.	2.	3.	4.	5.

5. Impact on Persona	Il Life:			
To what extent has f	fatigue affected y	our participation in	n social and perso	onal activities?
\circ	\circ	\bigcirc		\bigcirc
1.	2.	3.	4.	5.
Section 3: Sleep Q	uality			
6. Quality of Sleep:				
Rate the quality of y	our sleep on ave	rage.		
\bigcirc	\circ	\circ	\circ	\bigcirc
1.	2.	3.	4.	5.
7. Impact of Sleep on	Fatigue:			
How much do you fe	eel your sleep qu	ality influences yo	ur fatigue levels?	
\bigcirc	\circ	\circ	\circ	\bigcirc
1.	2.	3.	4.	5.
Section 4: Stress L	.evels			
8. Stress Levels:				
Rate your overall str	ress levels in the	past week.		
0	\circ	\circ	\circ	\bigcirc
1.	2.	3.	4.	5.
9. Impact of Stress or	n Fatigue:			
To what extent do yo	ou believe stress	contributes to you	ır fatigue?	
0	\circ	\circ	\circ	\bigcirc
1.	2.	3.	4.	5.
Section 5: Physical	l Activity			
10. Physical Activity L	evels:			
Rate your engagement	ent in physical ac	ctivities/exercise in	the past week.	
0	\circ	\circ	\circ	\bigcirc
1.	2.	3.	4.	5.

How do you perceive the relationship between physical activity and your fatigue?								
\circ	\circ	\circ	\circ	\circ				
1.	2.	3.	4.	5.				
Section 6: Additional Comments								
12. Any Other Factors:								
Are there any other factors not covered above that you believe contribute to your fatigue?								
\circ	\bigcirc	\circ	\circ	\bigcirc				
1.	2.	3.	4.	5.				
Scoring Guide: Total Score (Sections 1-5): (Sum of responses) Interpretation: • 5-15: Low fatigue • 16-25: Moderate fatigue • 26-35: High fatigue • 36-50: Severe fatigue • 51-60: Extreme fatigue								
Developer								
Michielsen, H. J., De Vries, J., & Van Heck, G. L. (2003). Psychometric qualities of a brief self-rated fatigue measure the fatigue assessment scale. Journal of Psychosomatic Research, 54, 345–352. 2.								

11. Impact of Physical Activity on Fatigue:

References

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