Fatigue Assessment

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

5. Impact on Persona	Il Life:			
To what extent has t	atigue affected y	our participation in	n social and perso	onal activities?
\circ	\circ	\bigcirc	\circ	\bigcirc
1.	2.	3.	4.	5.
Section 3: Sleep Q	uality			
6. Quality of Sleep:				
Rate the quality of y	our sleep on ave	erage.		
\bigcirc	\circ	\bigcirc	\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	\bigcirc	\circ	\circ
1.	2.	3.	4.	5.
Section 4: Stress L	evels			
8. Stress Levels:				
Rate your overall str	ress levels in the	past week.		
\circ	\bigcirc	\bigcirc	\circ	\bigcirc
1.	2.	3.	4.	5.
9. Impact of Stress of	n Fatigue:			
To what extent do yo	ou believe stress	contributes to you	ır fatigue?	
\circ	\circ	\bigcirc	\circ	\bigcirc
1.	2.	3.	4.	5.
Section 5: Physica	I Activity			
10. Physical Activity L	evels:			
Rate your engagem	ent in physical ac	ctivities/exercise ir	the past week.	
\circ	\circ	\bigcirc	\circ	\bigcirc
1.	2.	3.	4.	5.

How do you perceive the relationship between physical activity and your fatigue?										
	\bigcirc	\bigcirc	\circ	\circ	0					
	1.	2.	3.	4.	5.					
Section	Section 6: Additional Comments									
12. Any Other Factors:										
Are there any other factors not covered above that you believe contribute to your fatigue?										
		\bigcirc	\bigcirc	\bigcirc	\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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