

Fatigue Assessment Scale (FAS)

The following ten statements refer to how you usually feel. Per statement you can choose one out of five answer categories, varying from Never to Always.

Please circle the answer to each question that is applicable to you. Please give an answer to each question, even if you do not have any complaints at the moment.

1 = Never, 2 = Sometimes (about monthly or less); 3 = Regularly (about a few times a month); 4 = Often (about weekly) and 5 = Always (about every day).

	Never	Sometimes	Regularly	Often	Always
1. I am bothered by fatigue	1	2	3	4	5
2. I get tired very quickly	1	2	3	4	5
3. I don't do much during the day	1	2	3	4	5
4. I have enough energy for everyday life	1	2	3	4	5
5. Physically, I feel exhausted	1	2	3	4	5
6. I have problems to start things	1	2	3	4	5
7. I have problems to think clearly	1	2	3	4	5
8. I feel no desire to do anything	1	2	3	4	5
9. Mentally, I feel exhausted	1	2	3	4	5
10. When I am doing something, I can concentrate quite well	1	2	3	4	5

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References

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