Fatigue Assessment Scale (FAS)

Gender: Omale Ofemale

Age (in years):

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 give an answer to each question, even if you do not have any complaints at the moment: Never, Sometimes (about monthly or less); Regularly (about a few times a month); Often (about weekly) and Always (about every day).

1. I am bothered by fatigue.

	\bigcirc Never	\bigcirc Sometimes	○ Regularly	○ Often	\bigcirc Always			
2.	I get tired very o	get tired very quickly.						
	\bigcirc Never	\bigcirc Sometimes	○ Regularly	○ Often	\bigcirc Always			
3.	I don't do much during the day.							
	\bigcirc Never	\bigcirc Sometimes	○ Regularly	\bigcirc Often	⊖ Always			
4.	I have enough energy for everyday life.							
	\bigcirc Never	\bigcirc Sometimes	\bigcirc Regularly	○ Often	\bigcirc Always			
5.	. Physically, I feel exhausted.							
	\bigcirc Never	\bigcirc Sometimes	\bigcirc Regularly	○ Often	\bigcirc Always			
6.	I have problems to start things.							
	\bigcirc Never	\bigcirc Sometimes	○ Regularly	○ Often	⊖ Always			
7.	I have problems	s to think clearly.						

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	\bigcirc Never	\bigcirc Sometimes	\bigcirc Regularly	\bigcirc Often	\bigcirc Always			
8.	I feel no desire to do anything.							
	\bigcirc Never	⊖ Sometimes	○ Regularly	○ Often	\bigcirc Always			
9.								
	\bigcirc Never	\bigcirc Sometimes	\bigcirc Regularly	○ Often	\bigcirc Always			
10. When I am doing something, I can concentrate quite well.								
	\bigcirc Never	⊖ Sometimes	○ Regularly	⊖ Often	\bigcirc Always			
When all questions are answered, please push the button >> Re								

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