

FACIT Fatigue Scale (Version 4)

Following is a list of statements that other people with your illness have said are important. **Please select your response as it applies to the past 7 days.**

Please select your response as it applies to the past 7 days

I feel fatigued

Not at all

A little bit

Somewhat

Quite a bit

Very much

Please select your response as it applies to the past 7 days

I feel fatigued

Not at all

A little bit

Somewhat

Quite a bit

Very much

Please select your response as it applies to the past 7 days

I feel fatigued

Do you want to quit this questionnaire? If so, all your answers will be saved. Please confirm you want to quit.

CANCEL QUIT

Somewhat

Quite a bit

Very much

Please select your response as it applies to the past 7 days

I feel fatigued

Help

Once you have selected an answer:

- Select the **NEXT** button to proceed to the next screen;
- Select the **PREVIOUS** button to proceed to the previous screen;
- Select the **CLEAR** button to clear your answer.

This question is mandatory. You will not be able to select the **NEXT** button if you did not provide any answer.

You can put the questionnaire on hold by selecting the **QUIT** button at the top of the screen. All your answers will be saved.

To go back to the questionnaire please select the **CLOSE** button.

CLOSE

Quite a bit

Very much

Please select your response as it applies to the past 7 days

I feel fatigued

This question is mandatory. Please provide an answer.

OK

Somewhat

Quite a bit

Very much

Please select your response as it applies to the past 7 days

I feel weak all over

Not at all

A little bit

Somewhat

Quite a bit

Very much

Please select your response as it applies to the past 7 days

I feel listless ("washed out")

Not at all

A little bit

Somewhat

Quite a bit

Very much

Please select your response as it applies to the past 7 days

I feel tired

Not at all

A little bit

Somewhat

Quite a bit

Very much

Please select your response as it applies to the past 7 days

I have trouble starting things because I am tired

Not at all

A little bit

Somewhat

Quite a bit

Very much

Please select your response as it applies to the past 7 days

I have trouble finishing things because I am tired

Not at all

A little bit

Somewhat

Quite a bit

Very much

Please select your response as it applies to the past 7 days

I have energy

Not at all

A little bit

Somewhat

Quite a bit

Very much

Please select your response as it applies to the past 7 days

I am able to do my usual activities

Not at all

A little bit

Somewhat

Quite a bit

Very much

Please select your response as it applies to the past 7 days

I need to sleep during the day

Not at all

A little bit

Somewhat

Quite a bit

Very much

Please select your response as it applies to the past 7 days

I am too tired to eat

Not at all

A little bit

Somewhat

Quite a bit

Very much

Please select your response as it applies to the past 7 days

I need help doing my usual activities

Not at all

A little bit

Somewhat

Quite a bit

Very much

Please select your response as it applies to the past 7 days

I am frustrated by being too tired to do the things I want to do

Not at all

A little bit

Somewhat

Quite a bit

Very much



I have to limit my social activity because I am tired

Very much

Thank you for completing the questionnaire.

If you want to review or change your answers, please select the **PREVIOUS** button below.

Once you select the **FINISH** button you will no longer be able to review or change your answers.

Please note: If you are having any severe symptoms, health issues or other concerns, please be sure to discuss these with your doctor or nurse. The answers you provide to the questions are not being directly shared with the members of your healthcare team.

 STUDYNAME >  1000 >  001 >  >  Questionnaire completed
Logged as John Doe

Thank you! You have completed all the questionnaires.

EXIT





Technical information
this screen will not be displayed

Layout file	F.FACITF01.json (version 1)
Language code	en-US (version 0.1)
Model number	SM-T515
Android version	11
eCOA version	3.15.0
Font file	SamsungSans-Regular.ttf
Font scale	1.1
Date	August 25, 2022 17:20
Timezone	Europe/Paris (GMT+2:00)