



FACIT Fatigue Scale

Below is a list of statements that other people with your illness have said are important. Please circle or mark one number per line to indicate your response as it applies to the past 7 days.

	Not at all	A Little Bit	Somewhat	Quite a Bit	Very Much
I feel fatigued	0	1	2	3	4
I feel weak all over	0	1	2	3	4
I feel listless ("washed out")	0	1	2	3	4
I feel tired	0	1	2	3	4
I have trouble <u>starting</u> things because I am tired	0	1	2	3	4
I have trouble <u>finishing</u> things because I am tired	0	1	2	3	4
I have energy	0	1	2	3	4
I am able to do my usual activities	0	1	2	3	4
I need to sleep during the day	0	1	2	3	4
I am too tired to eat	0	1	2	3	4
I need help doing my usual activities	0	1	2	3	4
I am frustrated by being too tired to do the things I want to do	0	1	2	3	4
I have to limit my social activity because I am tired	0	1	2	3	4