Dear patient,

This questionnaire will help your doctor understand you better in terms of your **fatigue** and how it impacts your daily life.

What will you be asked?

- How you experience fatigue: how often, for how long and how severely do you feel tired or exhausted?
- How this affects you: does your fatigue impair you physically, mentally (e.g. concentration) or in your social activities?

This is how to complete the questionnaire

- Please base your answers on the **last 7 days.**
- Please complete it **yourself.**
- Answer as **accurately as possible** and to the **best of your knowledge** – there are no right or wrong answers.

Please ask your doctor for the evaluation.

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Questionnaire on fatigue (Fatigue)

Name:

Date:

PROMIS® Item Bank v1.0 – Fatigue - Short Form 7a

Fatigue – Short Form 7a

Please tick one box for each question or statement.

	In the past 7 days	Never	Rarely	Sometimes	Often	Always
FATEXP20	How often did you feel tired?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
FATEXP5	How often did you experience extreme exhaustion?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
FATEXP18	How often did you run out of energy?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
FATIMP22	How often did your fatigue limit you at work (include work at home)?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
FATIMP20	How often were you too tired to think clearly?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
FATIMP21	How often were you too tired to take a bath or shower?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
FATIMP40	How often did you have enough energy to exercise strenuously?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

Total score (sum of the points for the 7 questions): ________

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German (Universal)
30 January 2018
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