Fatigue – Short Form 8a

Please respond to each question or statement by marking one box per row.

During the past 7 days…

		Not at all	A little bit	Somewhat	Quite a bit	Very much
HI7	I feel fatigued	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
AN3	I have trouble starting things because I am tired.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

In the past 7 days…

FATEXP41	How run-down did you feel on average? ...	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
FATEXP40	How fatigued were you on average?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
FATEXP35	How much were you bothered by your fatigue on average?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
FATIMP49	To what degree did your fatigue interfere with your physical functioning?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

In the past 7 days…

		Never	Rarely	Sometimes	Often	Always
FATIMP3	How often did you have to push yourself to get things done because of your fatigue?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
FATIMP16	How often did you have trouble finishing things because of your fatigue?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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