

Fatigue Assessment Scale (FAS)

Below are a number of questions about possible complaints. Please circle the answer to each question that is applicable to you. Please give an answer to each question, *even if you do not have any complaints at the moment*. The aim of this questionnaire is to find out how you experience your complaints. There are no correct or incorrect answers. It is important that you are honest.

General information:

Date: __-__-200__

Name: _____

Date of birth: __-__-19__

Sex: male / female

Using prednison: no / yes

Year of diagnosis of sarcoidosis: _____

e-mail address: _____

Information given by the physician:

TTT: normal / disturbed

Disorder: sarcoidosis / diabetes / other: _____

Prednison (corticosteroid) use: no / yes

Methotrexate use: no / yes

Other immunoregulatory drug use: no / yes

email: ildinfo@lung.azm.nl

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 circle the answer to each question that is applicable to you. Please give an answer to each question, *even if you do not have any complaints at the moment.*

1 = Never, 2 = Sometimes; 3 = Regularly; 4 = Often and 5 = Always.

	Never	Sometimes	Regularly	Often	Always
1. I am bothered by fatigue	1	2	3	4	5
2. I get tired very quickly	1	2	3	4	5
3. I don't do much during the day	1	2	3	4	5
4. I have enough energy for everyday life	1	2	3	4	5
5. Physically, I feel exhausted	1	2	3	4	5
6. I have problems to start things	1	2	3	4	5
7. I have problems to think clearly	1	2	3	4	5
8. I feel no desire to do anything	1	2	3	4	5
9. Mentally, I feel exhausted	1	2	3	4	5
10. When I am doing something, I can concentrate quite well	1	2	3	4	5