

Appendix questionnaires

Fatigue Assessment Scale

The Fatigue Assessment Scale (FAS; Table A.1) is a 10-item self-report fatigue questionnaire.^{1,2} It is quick and easy to complete for patients, and not time consuming. An answer to every question has to be given, even if the person does not have any complaints at the moment. Five questions reflect physical fatigue and 5 questions (questions 3 and 6-9) mental fatigue. The response scale is a five-point scale (1 never to 5 always). Subsequently, the total FAS score can be calculated by summing the scores on all questions (recoded scores for questions 4 and 10). Scores on the FAS can range from 10 to 50. A score >22 indicates fatigue and a score > 34 indicates extreme fatigue. Scores on question 4 and 10 should be recoded (1=5, 2=4, 3=3, 4=2, 5=1). The reliability and validity of the FAS have been shown to be good in sarcoidosis patients.¹ So far, the FAS is available in 20 languages (see <http://www.wasog.org/education-research/questionnaires.html>).³

The Minimal Important Difference (MID) is at least 4 points or 10% change of the baseline value.⁴

Table A.1 Fatigue Assessment Scale (FAS).

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** (about monthly or less)
3. **regularly** (about a few times a month)
4. **often** (about weekly)
5. **always** (about every day)

| | never | sometimes | regularly | often | always |
|---|-------|-----------|-----------|-------|--------|
| 1. I am bothered by fatigue | | | | | |
| 2. I get tired very quickly | | | | | |
| 3. I don't do much during the day | | | | | |
| 4. I have enough energy for every day life | | | | | |
| 5. Physically, I feel exhausted | | | | | |
| 6. I have problems to start things | | | | | |
| 7. I have problems to think clearly | | | | | |
| 8. I feel no desire to do anything | | | | | |
| 9. Mentally, I feel exhausted | | | | | |
| 10. When I am doing something, I can concentrate quite well | | | | | |

A

Small Fiber Neuropathy Screenings List

The small fiber neuropathy screenings list (SFNSL; Table A.2) was developed to assess symptoms which may be related to SFN, but not to diagnose SFN. The SFNSL is a 21-item self-administered questionnaire to screen for symptoms related to SFN. The response scale is a five-point scale (0 never to 4 always); scores on the SFNSL can range from 0 to 84. The cut-off score of the SFNSL is 11: a score below 11 indicates no or few symptoms related to SFN, while a score of 11-48 indicates probable or highly probable SFN and a score above 48 is indicative of SFN.⁵ So far, the SFNSL is available in six languages; Danish, Dutch, English, French, German, Italian and Japanese (see <http://www.wasog.org/education-research/questionnaires.html>).

The minimal important difference (MID) on the SFNSL is 3.5 points for a clinically relevant change over a 6-month period.⁶

Table A.2 Small Fiber Neuropathy Screenings List.

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.

Part 1: These questions are aimed at finding out *how often* you experience the following complaints.

never sometimes variably often always

1. I have painful arms
2. I suffer from palpitations
3. I have problems with my bowel movements
4. I have difficulties with urinating (either in emptying my bladder or being able to hold my water)
5. My food does not seem to go down well
6. I suffer from muscle cramps
7. My feet and/or hands are colder than I am used to
8. I have chest pain

Part 2: These questions are aimed at finding out *how serious* your complaints are.

not at all slightly variably moderately seriously

9. I have the feeling that my food gets stuck in my throat
10. At night I throw the bedclothes off my legs
11. I have difficulties with urinating (either emptying my bladder or being able to hold my water)
12. I have dry eyes
13. I have blurred vision
14. I feel dizzy when I get up
15. I have sudden hot flushes
16. My feet and/or hands are colder than I am used to
17. I have painful arms
18. The skin of my legs is over-sensitive
19. I have a tingling sensation in my hands (pins and needles)
20. I have a tingling sensation in my legs (pins and needles)
21. I have chest pain

The Cognitive Failure Questionnaire

The Cognitive Failure Questionnaire (CFQ, table A3) is a 25-item self-report questionnaire assessing failures in everyday errors of attention, perception, memory and motor function in everyday life.⁷ In general, the CFQ appears to be a reliable and brief measure useful in clinical practice. The response scale is a five-point scale (0 never to 4 very often). The total CFQ score is calculated by summation of all answers and scores range from 0-100. A higher total score indicates more subjective cognitive failure. A high CFQ score is defined as a score ≥ 43 (mean of the controls plus one standard deviation).⁷

Table A.3 Cognitive Failure Questionnaire.

The following questions are about minor mistakes which everyone makes from time to time, but some of which happen more often than others. We want to know how often these things have happened to you in the past 6 months.

1. Do you read something and find you haven't been thinking about it and must read it again?
2. Do you find you forget why you went from one part of the house to the other?
3. Do you fail to notice signposts on the road?
4. Do you find you confuse right and left when giving directions?
5. Do you bump into people?
6. Do you find you forget whether you've turned off a light or a fire or locked the door?
7. Do you fail to listen to people's names when you are meeting them?
8. Do you say something and realize afterwards that it might be taken as insulting?
9. Do you fail to hear people speaking to you when you are doing something else?
10. Do you lose your temper and regret it?
11. Do you leave important letters unanswered for days?
12. Do you find you forget which way to turn on a road you know well but rarely use?
13. Do you fail to see what you want in a supermarket (although it's there)?
14. Do you find yourself suddenly wondering whether you've used a word correctly?
15. Do you have trouble making up your mind?
16. Do you find you forget appointments?
17. Do you forget where you put something like a newspaper or a book?
18. Do you find you accidentally throw away the thing you want and keep what you meant to throw away – as in the example of throwing away the matchbox and putting the used match in your pocket?
19. Do you daydream when you ought to be listening to something?
20. Do you find you forget people's names?
21. Do you start doing one thing at home and get distracted into doing something else (unintentionally)?
22. Do you find you can't quite remember something although it's "on the tip of your tongue"?
23. Do you find you forget what you came to the shops to buy?
24. Do you drop things?
25. Do you find you can't think of anything to say?

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References

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